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CORP ANNUA

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1. Corporation Name

ROFIT PORATION AL REPORT 999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Apr 29, 1999 8:00 am Secretary of State
IENT# EC	26000004	973	

A-S- GUL	DMEN & CO., INC.			\$ /30 / 100 \$ 100 E 01111 00111 60111 10111	 	1003 (11) (03)
Principal Place	e of Business	Mailing Address				
99 WOOD AVENUE SOUTH 99 WOOD AVE. SOUTH					1	
312 STE. 312 ISELIN NJ 08830 ISELIN NJ 08830			DO NOT WRITE IN	THIS SPACE		
ISELIN NJ 08830				3. Date Incorporated or Qualifed		
		••	•	09/26/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
21 2 Bridge Ave, 2nd Floor 20 2 Bridge Ave,		2nd floor	11-2918865	Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I	
22 The Galleria, Bldg 1 27 The Galleria		, Bldg 1	5. Certificate of Charles Seemed	Fee Red	quired	
City & State		City & State	้นปั	6. Election Campaign Financing	\$5.00	. ,
23 Kod	_	28 Red Bank,	Country	Trust Fund Contribution	Added to	rees
Zip	Country	Zip 07701 30	7 1150	This corporation owes the current yearsonal Property Tax.		□No
24 0770	9. Name and Address of Current	29 50		10. Name and Address of New Regist		
	5. Haine and Address of Culton	registored Agent	81 Name			
	CHIANO, ANTHONY		20 01 14 14	(D.C. D., M., has in Not Assentable)		_
1100	5TH AVE. SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptable) Good lette Road		
NAPI	LES FL 34102		83			
				2 C 2 10	85 Zip C	ode.
			84 City Naple	es	FL 85 Zip C	702
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named corr	poration submits this statement for the num	ose of changing its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth ons of, Section 607.0505, Florida	onzed by the corporati a Statutes.	ion's board of directors. I hereby accept the	appointment as reg	Jistered
	Δ.					
SIGNATURE	Anthony 1	narchiana Pres	udent	4.	-28-99	
SIGNATURE	Anthory N Signature, typed or printed name of registered agent	and title if applicable. / (NOTE: Re	gistered Agent signature require	ou monitonismong)	-28-99	
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. / (NOTE: Re	gistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. / (NOTE: Re	gistered Agent signature require 13. 1.1 TITLE	ou monitonismong)	··-	RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CP MARCHIANO, ANTHONY	and title if applicable. / (NOTE: Re	gistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND CP MARCHIANO, ANTHONY 1100 5TH AVE. SOUTH	and title if applicable. / (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND CP MARCHIANO, ANTHONY 1100 5TH AVE. SOUTH NAPLES FL 34102	and title if applicable. / (NOTE: Re) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CP MARCHIANO, ANTHONY 1100 5TH AVE. SOUTH NAPLES FL 34102 CV WINKLER, STUART	and title if applicable. / (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICE	EChange Lite C216 Lite C316	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the readive or truskee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

732-530-5797