

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000000770

1. Corporation Name

ASB KENDALL SERVICES CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address	
21	818 W. BROOKS AVE.	26	818 W. BROOKS AVE.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	NORTH LAS VEGAS, NV	28	NORTH LAS VEGAS, NV
Zip		Zip	
24	89030	29	89030
Country		Country	
25	USE	30	USA

9. Name and Address of Current Registered Agent

NEIL SCHAEFFER  
27121 EDENBRIDGE COURT  
BONITA SPRINGS, FL 34135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	BIRD, ALLAN S.
STREET ADDRESS		13 STREET ADDRESS	818 W. BROOKS AVENUE
CITY-ST-ZIP		14 CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	GREEN, PATRICIA M.
STREET ADDRESS		23 STREET ADDRESS	333 S. JUNIPER STREET #217
CITY-ST-ZIP		24 CITY-ST-ZIP	ESCONDIDO, CA 92025
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	DV BIRD, JOSHUA D.
STREET ADDRESS		33 STREET ADDRESS	818 W. BROOKS AVENUE
CITY-ST-ZIP		34 CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 receiver or trustee 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 address, with all other like empowered.

SIGNATURE:

*Patricia M. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA M. GREEN,  
SECRETARY

4-16-99

Date

760-839-7991

Daytime Phone #

CR2E034 (11/98)

IS 4/19/99 99AM



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 209333 7063A

AUTHORIZATION :

COST LIMIT : \$ 158.75

ORDER DATE : April 19, 1999

ORDER TIME : 10:15 AM

ORDER NO. : 209333-005

CUSTOMER NO: 7063A

CUSTOMER: Diana L. Farace, Legal Asst  
Real Property Services Corp.  
Suite 217  
333 South Juniper Street  
Escondido, CA 92025

ANNUAL REPORT FILING

NAME: ASB KENDALL SERVICES CORP.

☒ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

TS 4/19/99