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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

·	1997	DIVISION OF CO	ORPORATIONS		
DOCUMENT # G26285 1. Corporation Name (8) A. S. K. CONSULTANTS, INC.					
					BIGH BIBH DIAN BIBH BIBH BIBH 1991
Principal Place of Business		Mailing Address		A LODDING BOUR CHAIN DIGHT HOUR POINT BYIC	ANDRY ALOUT BY ALL BY BUT ALOUD A VALLE IDAN
% ANN S. KOPELOUSOS 7714 RIVER AVE.		% ANN S. KOPELOUSOS 7714 RIVER AVE.		1	
GREEN COVE SPRS. FL 32043		GREEN COVE SPRS. FL 32043-4528		Date Incorporated or Qualified	3a. Date of Last Report
				03/03/1983	03/14/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# 6*C	26		59-2264976	Not Applicable \$8.75 Additional
22	m, G.C.	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip [24]	Country 25	Ζφ 29	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
[24]	9. Name and Address of Current		30)	10. Name and Address of New Reg	
KOF	ELOUSOS, ANN S.		81 Name)
	4 RIVER AVE.		B2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
GRE	EN COVE SPAS. FL 32043		83		·
			83		
			84 City		FL 85 Zip Code
l office or n	to the provisions of Scotions 607,0507 egistered agent, or both, in the State i m familiar with, and accept the obliga	of Flooda. Such change was a	ithorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
SIGNATURE	Signature Ayada or protect name of registere Lages	AKMA the description of the second process o	Registered Agent signature requ	ted what faint sline)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
MAME	KOPELOUSOS, ANN S.		1.2 NAME		}
STREET ADDRESS	7714 RIVER AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Green Cove Sprs. Fl. S	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	KOPELOUSOS, JOHN		2.2 NAME		
STREET ADDRESS	7714 RIVER AVE.		2.3 STREET ADDRESS		
CHY-S1-ZIP	GREEN COVE SPRS. FL		2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		}
STREET ADDRESS CITY+ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TIME	granden and the second form of t	DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City - St - ZiP		The second	4.4 CITY-ST-ZIP		
1111.6		DELETE	5.1 TITLE		Change Addition
NAMI CIDLET ANDOLGS			5.3 STREET ADDRESS		
STREET ADDRESS : OTTY-S1-ZIP			5.3 STREET ADDRESS		
TiffE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
6010 P3 100	1		C 4 OLT V CT 210		

6.4. City SE 28.
14. I do hereby cert fy 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 armust 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 enipowered 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 organ attachment with an address.

SIGNATURE:

THATURE AND TYPED OR PRIMED YANG OF SIGNING OFFICER OR DIRECTOR

H13-17

904 284-7137

FILED

Jan 22 1997 8:00am

Secretary of State

0014208