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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H74333

(6)

BEHUNE, ASSEF & ASSOCIATES, INC.

FILED
May 19 1997 8:00am
Secretary of State



District Place of Chairman							
Principal Place of Business Mailing Address ** RONALD ASSEF ** RONALD ASSEF							
2452 PGA B	LVD.	2452 PGA BLVD.		_			
PALM BCH. GARDENS FL 33410 US		PALM BCH. GARDENS FL 33410-3507 US		3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1985 08/06/1996			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	26				Vot Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional Required
City & Statu 23		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
7 _{(p}	Country	Zip	Cour	ntry	8. This corporation has liability for in		
24	25	29	30	•		Yes No	5. 100.00L1
	9. Name and Address of Currer]		10. Name and Address of New Reg	Istered Agent	
A!	SSEF, RONALD			81 Name			
ALEA DOM DIVID				82 Street Address (P.O. Box Number is Not Acceptable)			
- PALM BCH, GARDENS FL 33410				Stiest Addi	ress (r.c. oox riumber is not Acceptable	· ·	_
			Ī	63			
•			ŀ	84 City		FL 85 Zi	Code
	TO STATE OF THE ST	00 2 007 1500 51 01-1					the endintered
office o agent	r registered agent, or both, in the State t am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorized Florida Stati	by the corporat utes.	coration submits this statement for the pution's board of directors. I hereby accept	t the appointment	is registered
SIGNATURE	Stguature, typed or printed name of registered ag	ent and little if applicable (NC	OTE: Registered	Agent signature requi	red when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	DELEYE	1.1 TIT	LE		Change	
NAME	ASSEF, RONALD		1.2 NA	ME			
STREET ADDRES	5 13191 LA LIQUE CT.		1.3 \$1	HEET ADDRESS			
CITY-ST-ZIP	PALM BCH.GARDENS FL		1.4 Cil	ry-st-zip			
TITLE		DELETE	2.1 117			Change	Addition
NAME			2.2 NA	ME			
STREET ADDRES	s		2.3 \$1	REET ADORESS			
CITY - ST - ZIP			2 4 CI	ITY-ST-ZIP			
TIFLE		DELETE	31 TIT	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			32 NA	ME			
STREET ACIDRES	s		3351	REET ADDRESS			
CITY-ST-ZIF			3.4. CI	TY - ST - ZIP			
TITLE		☐ DELETE	4.1 111			Chang	Addition
NAME			4. 2 N/	AME			
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City-St 7H°			4.4 CI	TY-ST-ZIP			
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NAME			5.2 NA	IME	•		
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CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		and the second second	
TITLE		DELETE	6.1 TI1	TLE .		Change	Addition
NAME			6.2 NA	ME .			
STREET ADDRES	s		6.3 \$1	REET ADDRESS	•		
CITY ST-ZIP				TY+ST-ZIP			
					dia Castina and Object Charles Out the		

I do 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 phanged, or op an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/5]

561-175-7311