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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H83116

(4)

FILED Feb 09 1998 8:00am Secretary of State

A & S DESIGN, INC.	, ,		1 (AA)AN AJA (AJA (AJA) (AJA) JIBO BUG AJA(	nidal di bil di Bil di Gidal Gidal (188)
Principal Place of Business	Mailing Address			IIBII DIBII BIBII BIBII BIBII IBBI
8351 N.W. 15TH COURT 8351 N.W. 15TH COURT				
CORAL SPRINGS FL 33071	CORAL SPRINGS FL 330	71	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			10/30/1985	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2595732	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28	Country	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible  X Yes  No
24 25 9. Name and Address of Current		50]	10. Name and Address of New Registered	# . T
GOLDNER, BENJAMIN	<u> </u>	81 Name		
1509-D NORTH STATE ROAD 7		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063			ress (1.0. Box Humber to Hat / Geophasio)	
		83		
		84 City		85 Zip Code
dd Dunas Lie Managariniana of Captions (COZ OF OC	and 607 1509 Florida Ptatutos	the above period corr	poration submits this stalement for the nurvee	
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.</li> </ol>	of Horida. Such change was au tions of Scotion 607,0605. Elect	s, file above-hamed corpora ithorized by the corpora ida Statutos	tion's board of directors. I hereby accept the ap	ppointment as registered
	tions di, section 607.0505, Fion	ida Statutes.		
SIGNATURE Signature, typod or printed name of registered agen	it and little if applicable (NOTE:	Registered Agent signature requi		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE P	☐ DELETE	1.1 HTLE		Change Addition
NAME FRIED, ALLAN R. STREET ADDRESS 8351 N.W. 15TH COURT		1.2 NAME		
AARAL ARRINAA EL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
CITY-ST-ZIP COHAL SPHINGS FL	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME FRIED, SHARON D.	•	2.2 NAME		
STREET ADDRESS 8351 N.W. 15TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL		2. 4 CITY - ST- ZIP		
TITLE	☐ DELETE	3.1 T(TLE		Change Addition
NAME FRIED, GREGORY M.		3.2 NAME		
STREET ADDRESS 8351 N.W. 15TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME FRIED, DEBRA B.		4. 2 NAME		
STREET ADDRESS 8351 N.W. 15TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL		4.4 CITY - S1 - ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS .		5.3 STREET ADDRESS		
CITY-ST-ZIP	T NO. COV	5.4 CITY - S1 - ZIP		Change Addition
TITLE	☐ DELETE	6.1 T(TLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP  14. I hereby certify that the information supplied with	h this filing does not qualify for	6.4 CITY-\$1-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 specific or supplieriental 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 protection of the receiver of 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 of thinged, of the an attaching it with an address.

0-9-90 *064-941-9*93