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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J69695 1. Corporation Name ASI AGENCY, INC.						01-26-1999 90056 050 ****** ****************************		 	
Principal Place of Business Mailing Address							111 #1#15 #1#51 # 1#1	II 21811 61611 1891	
2801 UNIVERSITY DR. 2801 UNIVERSITY DRIVE					•				
#306 #306 CORAL SPRINGS FL 33065 CORAL SPR						DO NOT WRITE IN T	HIC COACE		
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 US						DO NOT WRITE IN TI 3. Date Incorporated or Qualifed	115 SPACE		7
4.	**************************************	••				04/27/1987			1
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		oplied For	7,
21		26	26			59-2804312		lot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22	<u></u> -	27	· · · · · · · · · · · · · · · · · · ·					Required	4
City & Stat	le	— ·	City & State			6. Election Campaign Financing		May Be to Fees	
Zip	Country	. Country Zip Co.							\dashv
24	25 29 30			iti y		 This corporation owes the current year Personal Property Tax. 	intangible ☐ Yes	□No	
[24]	9. Name and Address of Current Registered Agent					10. Name and Address of New Register			1
					Name				7
FLAM, MICHAEL R				82	B2 Street Address (P.O. Box Number is Not Acceptable)				\dashv
2000 ONIVERSITI DI				~	Ollect Add			ing. Single Bank (1997)	
SUITE B			[83					
CORAL SPRINGS FL 33071				84 City		(1) a Cart (1) 20 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	85 Zir	Code	1
make and top to the second					•		'L `		_
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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		<i>i</i> .				•			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent si						ired when reinstating) DATE			4
12.		AND DIRECTORS	13. ETE 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change		.] (
TITLE	PD STEIN ALAM	D DECE IE	1.3 HILL					: [] Addition	1
NAME STREET ADDRESS	ACCO CAMBLE BOAD				ADDDEED				
	CORAL SPRINGS FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	□ DELETE		_	2.1 TITLE			☐ Change	Addition	1
NAME			2.2 NAN	ME					-
STREET ADDRESS					ADDRESS				1
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STREET ADDRESS	The state of the s	•	3.3 STREE		ADDRESS	10 (10 m)	9501	30 (m. 5)	
CITY-ST-ZIP	St. 200-41		3.4. CIT		-ZIP			75 - 34	-
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition	
NAME	** * * * *		4. 2 NA						
STREET ADDRESS	a a a		4.3 STREE		- 1				
CITY-ST-ZIP	<u></u>	☐ DELETE	4.4 CITY-ST		ZIP	.	☐ Change	Addition	1
MAME	· · ·		5.1 IIIL				ondinge	·	

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 angual report is frue 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 trusted 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

☐ DELETE

☐ Addition