

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12397 (0)

1. Corporation Name

PAIGE ASHLEY, INC.



Principal Place of Business

%JAMES CASSIA
9310 HEATHRIDGE DRIVE
WEST PALM BEACH FL 33411

Mailing Address

%JAMES CASSIA
9310 HEATHRIDGE DRIVE
WEST PALM BEACH FL 33411

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
08/30/1989

3a. Date of Last Report
07/17/1995

4. FEI Number

65-0152882

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FUCHS, LARRY
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

JAMES CASSIA

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

9310 HEATHRIDGE DRIVE

83

84

WEST PALM BEACH

FL

85 Zip Code
33411

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

James Cassia

(Print Name of Registered Agent and Title if Applicable)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 CASSIA, JAMES
9310 HEATHRIDGE
WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
2
3

TITLE NAME STREET ADDRESS CITY-ST-ZIP
4
5

TITLE NAME STREET ADDRESS CITY-ST-ZIP
6
7

TITLE NAME STREET ADDRESS CITY-ST-ZIP
8
9

TITLE NAME STREET ADDRESS CITY-ST-ZIP
10
11

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

James Cassia Pres.

(Print Name and Title of Signing Officer or Director)

4/30/96 -407-790-9337

Date Daytime Phone

CR2E034 (12/95)