

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L20706 (2)

1. Corporation Name

ASSOCIATED INVESTOR SERVICES, INC.



Principal Place of Business

**2699 STIRLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312-3582**

Mailing Address

**2699 STIRLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312-3582**

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

9. Name and Address of Current Registered Agent

**ABRAHAM, RONALD
2699 STIRLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312-3582**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the Agent)

Signature of Registered Agent (if same as the Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	ABRAHAM, RONALD	
STREET ADDRESS	2699 STIRLING ROAD #B100	
CITY-STATE-ZIP	FORT LAUDERDALE FL	
TITLE	P	☐ DELETE
NAME	VLADAM, PAUL J.	
STREET ADDRESS	2699 STIRLING RD #B100	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	T	☐ DELETE
NAME	FRAIDSTERN, STEVEN	
STREET ADDRESS	2699 STIRLING RD #B100	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(b), 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 its registered or trusted employee; to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, with an address.

SIGNATURE:

Paul J. Vladem Paul Vladem

4/3/96

954-983-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)