**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90093 028 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L20706 1. Corporation Name

ASSOCIATED INVESTOR SERVICES, INC.

ASSUCIA	IER INVESTOR SERVICES	, IIVO• 				
Principal Place	of Business	Mailing Address				,
2699 STIRLING R		2699 STIRLING ROAD				r
A-200	NOAD	A-200				DO NOT WRITE IN THIS SPACE
FORT LAUDERDA	ALE FL 33312	FORT LAUDERDALE FL 33312				3. Date Incorporated or Qualifed
US		US				10/05/1989
		La Mailiae Address				4. FEI Number Applied For
2. Principal Pla	ice of Business	2a. Mailing Address				65-0154832 Not Applicable
21		Suite, Apt. #, etc.				_ \$8.75 Additional
Suite, Apt. #, etc.		<b>⊢</b> ' '				5. Certificate of Status Desired Fee Required
22		City & State				6. Election Campaign Financing \$5.00 May Be
City & State		<del></del>				Trust Fund Contribution Added to Fees
23	Country	Zip Country				8. This corporation owes the current year Intangible
Zip Country		29 30		•		Personal Property Tax.
24	9. Name and Address of Curren		130	$T^-$		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	r registered Agent		81	Name	
ARRA	NHAM, RONALD					dress (P.O. Box Number is Not Acceptable)
	STIRLING RD, A-200			82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	E B100			83		
E001	LAUDERDALE FL 33312					85 Zip Code
FORI	EMODERIDALE 12 00012			84	City	FL 85 Zip Code
			too the	about	named co	to the number of changing its registered
office or re agent. I ar	to the provisions of sections of social egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Fk	orida Sta	atutes		
SIGNATURE	Signature, typed or printed name of registered age				it signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13			ADDITIONS/CHANGES TO OF TOLERO AND STREET Addition
TITLE	DS	☐ DELETE	l	TITLE		_ , _
NAME	abraham, ronald			NAME		
STREET ADDRESS	2699 STIRLING RD., A-200		1.3	STREE	TADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	P	☐ DELETE	2.1	TITLE		
NAME	VLADEM, PAUL J.			NAME	}	
STREET ADDRESS	2699 STIRLING RD., A-200		2.33		TADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4	CITY-	ST-ZIP	Change Addition
TITLE	T	☐ DELETE	3.1	TITLE		Towns Treation
NAME	FRAIDSTERN, STEVEN		3.2	NAME	ļ	•
STREET ADDRESS	2699 STIRLING RD., A-200		3.3	STREE	TADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4	CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1	TITLE		
NAME			4.	2 NAME		
STREET ADDRESS			4.3	STREE	T ADDRESS	
CITY-ST-ZIP			4.	CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TITLE		. ☐ Originge ☐ virginge
NAME				2 NAME		•
STREET ADDRESS			5.	3 STREE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ST-ZIP	The state of the s
CITY-ST-ZIP TITLE		DELETE	□ DELETE 6.1 πru		7	Change Addition
NAME			6.	2 NAME		<b>△</b>
			6.	3 STRE	ET ADDRESS	
STREET ADDRESS			6	4 CITY-	ST-ZIP	

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 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 go an attachment with an address, with all other like empowered.

SIGNATURE: