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Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L31943** (8)  
1. Corporation Name  
**ASK PROPERTIES, INC.**



Principal Place of Business  
**701 NORTHWEST 13TH STREET  
SUITE B-1  
BOCA RATON FL 33486**

Mailing Address  
**701 NORTHWEST 13TH STREET  
SUITE B-1  
BOCA RATON FL 33486-2324**

3. Date Incorporated or Qualified  
**11/27/1989**

3a. Date of Last Report  
**03/13/1996**

4. FEI Number  
**65-0181071**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KLASFELD, ALAN  
701 N.W. 13TH STREET, APT B1  
BOCA RATON FL 33486-9305**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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 *Alan Klasefeld* (NOTE: Registered Agent signature required when reinstating) DATE *28 Feb 1997*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD KLASFELD, ALAN**

STREET ADDRESS **701 N.W. 13TH ST. S-B1**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **DS KLASFELD, JON**

STREET ADDRESS **701 N.W. 13TH ST. S-B1**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **DT KLASFELD, ILENE**

STREET ADDRESS **701 NW 13TH ST #B1**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: *Alan Klasefeld* 3/2/95 368-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)