

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 # M66593 (8)

1. Corporation Name
ASIMENO CORP.



Principal Place of Business: **2451 MCMULLEN BOOTH ROAD STE 200 CLEARWATER FL 34619 US**
Mailing Address: **2451 MCMULLEN BOOTH ROAD STE 200 CLEARWATER FL 34619 US**

3. Date Incorporated or Qualified: **01/26/1988**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-2868094**
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEARD, MAGGIE
2451 MCMULLEN BOOTH RD.
STE 200
CLEARWATER FL 34619**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PANTAZES, YANI	
STREET ADDRESS	3 AMERICA SQUARE STE 301	
CITY-ST-ZIP	ATHENS, GREECE	
TITLE	VD	<input type="checkbox"/>
NAME	OLIVE, CHRISTINE	
STREET ADDRESS	288 SPOTTIS WOODS CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/>
NAME	RADOMSKY, EDWARD	
STREET ADDRESS	2451 MCMULLEN BOOTH RD STE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/>
NAME	DYDYSKI, LESZEK	
STREET ADDRESS	2451 MCMULLEN BOOTH RD STE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/>
NAME	BEARD, MAGGIE	
STREET ADDRESS	2451 MCMULLEN BOOTH RD STE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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*****225.00**

Signature

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 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 or changes or on an attachment with an address.

SIGNATURE: _____ DATE: **5/15/96** 799-0111 DAYTIME PHONE # _____

CR2E034 (12/95)