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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M69150 DOCUMENT #

1. Corporation Name

(4)

ASPEN SERVICE, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

Mailing Address

1424 GWENZELL AVE



| | i FL 33444-8295 | DELRAY BEACH FL 3344 | | Date Incorporated or Quality 02/22/1988 | ualified 3a. | Date of Last Rep 02/16/1995 | l | |
|--|--|----------------------------------|--|--|---|--|-------------------------------------|--|
| Principal Place | e of Business | 2a. Mailing Address - | De 1 . 11 | 4. FEI Number | | | oplied For of Applicable | |
| | 1. Dixie Hwy | 26 3999 N. | INCHW | y <u>, 65-0033389</u> | | | Additional | |
| Suite, Apt. #. | | Suite Apt. #, etc | _ | 5. Certificate of Status De | sired | - | equired | |
| City & State | | City & State | | 6. Election Campaign Fina Trust Fund Contribution | | | May Be to Fees | |
| Boca | Katon FC. | 28 Boca Rato | in H. | Trust Fund Contribution | whiley for intanc | | | |
| Zip Country | | 29 3343 30 USA. | | Fiorida Statutes | 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No | | | |
| 3343 | 25 (LSA | 29 25451 | 30 USA | 10. Name and Address of | | | | |
| | 9. Name and Address of Curre | nt Hegistered Agent | 81 Name | | | | | |
| | | | | Address (P.O. Box Number is Not | Acceptable) | | | |
| | , steven J. | | 82 Street | 99 N. Dixi | 2. th | NY | | |
| 1424 GWI | ENZELL AVE | | 83 | | - | | | |
| DELRAY E | BEACH FL 33444 | | <u> </u> | | | 85 Zio | Code. | |
| | | | 84 94 | ra Roten | | FLIZ | 3343 | |
| | the provisions of Sections 607.050 ad agent, or both, in the State of Flo | 22 and 607 1508. Florida Statute | s, the above named o | orporation submits this statement for | or the purpose | e of changing its re | egistered offic | |
| familiar witr | sure the principal on a strength of the | of sectors trapifiation as a | TE Hagistered Ayent squature | | | DATE | | |
| | | ND DIDECTOR | 13 . | ADDITIONS/CHANGE | 3 TO OIT IOL | 10 / 4 / 12 / 2 / 1 / 1 / 1 | ☐ Addition | |
| ₹. | OFFICERS A | ND DIRECTORS | | T | | - Sz ance | I Addition | |
| | OFFICERS A | DELETE | 1 1 TALE | | | ⊖+ ange | Modillo. | |
| TLE | ··· | DELETE | 1 1 TULE 1 2 NAME | nose u Divis | | [_] Sk ange | [] Modillo | |
| TLE AME | PVD | DELETE | 1 1 TALE 12 NAME 1.3 STRSET ADDRESS | BARR W. Divi | etheny | | [] Addition | |
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SIGNATURE:

STOWN MAULE 4/15/96 407-345-1504