

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000001196 (4)

1. Corporation Name

ASSERT, INC.

Principal Place of Business

Mailing Address

502 MIRAMAR LN
PALM BEACH GARDENS FL 33410-2160

502 MIRAMAR LN
PALM BEACH GARDENS FL 33410-2160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 600 Sandtree Drive

26 600 Sandtree Drive

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

22 Suite 106C

27 Suite 106C

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

City & State

City & State

Tax Exempt Status

☐

23 Palm Beach Gardens

28 Palm Beach Gardens

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24 33403

25 Palm Beach

29 33403

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAULBEE, TOM
502 MIRAMAR LN
PALM BEACH GARDENS FL 33410-2160

81 Name

Frank Hannah

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

600 Sandtree Drive

83

Suite 106C

84 City

Palm Beach Gardens

FL

85 Zip Code
33403

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

Frank Hannah
Signature, typed or printed name of registered agent and fee if applicable

Frank Hannah

(NOTE: Registered Agent signature required when reappointing)

28 April 95
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HANNAH, FRANK
STREET ADDRESS 600 SANDTREE DR SUITE 106C
CITY- ST- ZIP PALM BEACH GARDENS FL 33403-1538

TITLE VD
NAME FORNATORA, NANCY
STREET ADDRESS 7 INLET CAY DR
CITY- ST- ZIP OCEAN RIDGE FL 33435

TITLE SD
NAME TAULBEE, TOM
STREET ADDRESS 502 MIRAMAR LN
CITY- ST- ZIP PALM BEACH GARDENS FL 33410-2160

TITLE TD
NAME MARLOWE, MARY
STREET ADDRESS 1414 LAKE BASS DR
CITY- ST- ZIP LAKE WORTH FL 33481

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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

Delete as Secretary/Director

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank Hannah

Frank Hannah

28 April 95

Date

407 627-8902

(Optional Officer #)