

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P32642

(1)

1. Corporation Name
TYLER ASPEN, INC.



Principal Place of Business

Mailing Address

P.O. BOX 551497
FT. LAUDERDALE FL 33355
US

P.O. BOX 551497
FT. LAUDERDALE FL 33355
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1991

4. FEI Number

65-0164283

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 701 WASHINGTON ST
23 City & State
HOLLYWOOD, FL
24 Zip 33019 25 Country U.S.A.

26 Suite, Apt. #, etc.
27 701 WASHINGTON ST.
28 City & State
HOLLYWOOD, FL
29 Zip 33019 30 Country U.S.A.

9. Name and Address of Current Registered Agent

MCGLOTHLIN, DENNIS J., ESQ.
727 NE 3RD AVENUE
#101
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name RALPH DIBIASE
82 Street Address (P.O. Box Number Is Not Acceptable)
701 WASHINGTON ST
83
84 City HOLLYWOOD FL 85 Zip Code 33019

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 *Ralph D. Biase*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/98
DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME DIBIASE, ELIO ANTHONY
STREET ADDRESS P.O. BOX 551497 N/A
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE CD
NAME DIBIASE, ELIO ANTHONY
STREET ADDRESS P.O. BOX 551497 N/A
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE D
NAME DIBIASE, RALPH
STREET ADDRESS P.O. BOX 551497 N/A
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE D
NAME DIBIASE, DOMENICO
STREET ADDRESS P.O. BOX 551497 N/A
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 *Ralph D. Biase*

7/29/98

057 920-1974

CR2E034 (5/98)