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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000000600 (6)

1. Corporation Name
ASHBRITT, INC.



Principal Place of Business

1280 S.W. 36 AVENUE
SUITE 201
POMPANO BEACH FL 33069
US

Mailing Address

1280 S.W. 36 AVENUE
SUITE 201
POMPANO BEACH FL 33069-4838
US

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
09/04/1996

4. FEI Number
65-0364711

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

21 1280 SW 36 AVENUE

2a. Mailing Address

26 1280 SW 36 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 POMPANO BEACH, FL

28 POMPANO BEACH, FL

Zip

Country

Zip

Country

24 33069

25

US

29 33069

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERKINS, RANDAL
1280 S.W. 36TH AVENUE
SUITE 201
POMPANO BEACH FL 33069

81 Name

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

83

84 City

FL

85 Zip Code

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

SECRETARY

02/24/97

Signature typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV ☐ DELETE
NAME PERKINS, SAILY
STREET ADDRESS 8230 N.W. 49 COURT
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE
NAME PERKINS, RANDAL
STREET ADDRESS 8230 N.W. 49 COURT
CITY-ST-ZIP CORAL SPRINGS FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)