

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010107 (9)

1. Corporation Name

ASSET REALIZATION, INC.

Principal Place of Business

100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA FL 33601-3333

Mailing Address

P.O. BOX 3333
TAMPA FL 33601-3333
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

04/21/1994

4. FEI Number

NOT APPLICABLE

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 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**RASMUSSEN, ROBERT C
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL

65 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLENN, ROBERT B
STREET ADDRESS	100 SOUTH ASHLEY DRIVE
CITY, ST, ZIP	TAMPA FL 33602
TITLE	D
NAME	FOGARTY, MICHAEL A
STREET ADDRESS	100 SOUTH ASHLEY DRIVE
CITY, ST, ZIP	TAMPA FL 33602
TITLE	D
NAME	RASMUSSEN, ROBERT C
STREET ADDRESS	100 SOUTH ASHLEY DRIVE
CITY, ST, ZIP	TAMPA FL 33602
TITLE	D
NAME	MCDONNELL, CHRISTOPHER E
STREET ADDRESS	100 SOUTH ASHLEY DRIVE
CITY, ST, ZIP	TAMPA FL 33602
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	V	☐ 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	V; S	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	P; T	☐ 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)(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. 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 in an attachment with an address.

SIGNATURE:

Robert C. Rasmussen, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Rasmussen

6/28/95

Date

813/229-3333

Telephone Number