

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 30 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 # P93000050209 (4)

1. Corporation Name  
ASTER PRODUCTIONS, INC.



Principal Place of Business

C/O AMY B ROMER CPA, PA  
7501 NW 4TH ST STE 110  
PLANTATION FL 33317  
US

Mailing Address

C/O AMY B ROMER CPA, PA  
7501 NW 4TH ST STE 110  
PLANTATION FL 33317  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6564 N. CHASEWOOD DR.

Suite, Apt. #, etc.

22 Unit #E

City & State

23 Jupiter FL

Zip

24 33458

Country

25 Palm Beach

2a. Mailing Address

26 P.O. Box 7582

Suite, Apt. #, etc.

27

City & State

28 Jupiter FL

Zip

29 33468-7582

Country

30 Palm Beach

3. Date Incorporated or Qualified

07/19/1993

4. FEI Number

65-0423092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

C/O ROMER, AMY CPA  
7501 4TH ST  
STE 110  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

MICHELE ASTER

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

6564 N. CHASEWOOD DR. #E

83

84 City

Jupiter

FL

85 Zip Code

33458

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

Michele Aster

michele Aster President

4/23/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ASTER, MICHELE  
STREET ADDRESS C/O AMY ROMER 7501 NW 4TH ST STE 110  
CITY-ST-ZIP PLANTATION FL

TITLE SVP ☐ DELETE

NAME SACHUK, MATTHEW  
STREET ADDRESS PO BOX 7582 N/A  
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP  
1.3 STREET ADDRESS ASTER, MICHELE  
1.4 CITY-ST-ZIP 6564 N. CHASEWOOD DR. #E  
JUPITER, FL 33458

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

Michele Aster

michele Aster

4/23/98

(561)744-1653

CR2E034 (10/97)