

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000050914 (9)

1. Corporation Name

ASSET SPECIALISTS OF GEORGIA, INC.



Principal Place of Business

Mailing Address

1799 7TH AVE N
LAKE WORTH FL 33461

1799 7TH AVE N
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1993	
21 2442 Metrocentre Blvd	26 2442 Metrocentre Blvd	4. FEI Number 58-2059942		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22	27	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	
23 City & State West Palm Beach, FL	28 City & State West Palm Beach, FL	7. 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	
24 Zip 33407	25 Country Palm Beach	29 Zip 33407		30 Country Palm Beach	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GIBSON, THOMAS R 1799 7TH AVE N LAKE WORTH FL 33461				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 2442 Metrocentre Blvd	
				83	
				84 City West Palm Beach FL	
				85 Zip Code 33407	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GIBSON, THOMAS R	1.2 NAME	
STREET ADDRESS	1799 7TH AVE N	1.3 STREET ADDRESS	2442 Metrocentre Blvd
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	JAFFE, ILONA T	2.2 NAME	
STREET ADDRESS	1799 7TH AVE N	2.3 STREET ADDRESS	2442 Metrocentre Blvd
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Thomas P. Gibson 4/24/98

CR2E034 (10/97)