

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057985 (2)

A.S.C. DEVELOPMENT CORP.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/18/1993	3a. Date of Last Report 11/02/1994
4. FEI Number 65-0434962	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 SCOTT CORTINA 2818 NW 110TH AVE SUNRISE FL 33322	2a. Mailing Address SCOTT CORTINA 2818 NW 110TH AVE SUNRISE FL 33322
21. Telephone Number 312	26. Suite, Apt. #, etc. 27
22. City, State 23	27. City & State 28
24. Country 25	29. Zip 30

9. Name and Address of Current Registered Agent CORTINA, SCOTT 2818 NW 110TH AVE. SUNRISE FL 33322	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Scott Cortina

DATE

7-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D CORTINA, SCOTT	1.1 NAME	1.1 NAME	☐ Change ☐ Addition
2. STREET ADDRESS 2818 NW 110TH AVE	2.1 STREET ADDRESS	2.1 STREET ADDRESS	☐ Change ☐ Addition
3. CITY, STATE, ZIP SUNRISE FL 33322	3.1 CITY, STATE, ZIP	3.1 CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME	4.1 NAME	4.1 NAME	☐ Change ☐ Addition
5. STREET ADDRESS	5.1 STREET ADDRESS	5.1 STREET ADDRESS	☐ Change ☐ Addition
6. CITY, STATE, ZIP	6.1 CITY, STATE, ZIP	6.1 CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME	7.1 NAME	7.1 NAME	☐ Change ☐ Addition
8. STREET ADDRESS	8.1 STREET ADDRESS	8.1 STREET ADDRESS	☐ Change ☐ Addition
9. CITY, STATE, ZIP	9.1 CITY, STATE, ZIP	9.1 CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME	10.1 NAME	10.1 NAME	☐ Change ☐ Addition
11. STREET ADDRESS	11.1 STREET ADDRESS	11.1 STREET ADDRESS	☐ Change ☐ Addition
12. CITY, STATE, ZIP	12.1 CITY, STATE, ZIP	12.1 CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME	13.1 NAME	13.1 NAME	☐ Change ☐ Addition
14. STREET ADDRESS	14.1 STREET ADDRESS	14.1 STREET ADDRESS	☐ Change ☐ Addition
15. CITY, STATE, ZIP	15.1 CITY, STATE, ZIP	15.1 CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.092(7)(b), Florida Statutes. I further certify that the information submitted 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. This report is a report of the corporation or the resident 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 of this filing, or on an attachment with an address.

SIGNATURE:

Scott Cortina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-95