

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057985 (2)

1. Corporation Name

A.S.C. DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

SCOTT CORTINA
-305 NORTH DRIVE
ISLAMORADA, FL 33036

9446 NORTH CHELSEA
DRIVE
PLANTATION
FLA 33324

SCOTT CORTINA
805 NORTH DRIVE
ISLAMORADA, FL 33036

9446 NORTH
CHELSEA
DRIVE
PLANTATION
FLA 33324

2. Principal Place of Business

2a. Mailing Address

21 9446 NORTH CHELSEA DR

26 9446 NORTH CHELSEA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PLANTATION, FLA

28 PLANTATION, FLA.

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORTINA, SCOTT
305 NORTH DRIVE
ISLAMORADA, FL 33036

81 Name

SCOTT CORTINA

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

9446 NORTH CHELSEA DR

83

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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

SCOTT CORTINA

4-27-96

Signature typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORTINA, SCOTT	
STREET ADDRESS	-305 NORTH DRIVE 9446 NORTH CHELSEA DRIVE	
CITY-ST-ZIP	ISLAMORADA, FL 33036 PLANTATION FLA 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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:

SCOTT CORTINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

305-236-4857

Date

Telephone Number

CR2E034 (12/95)