


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

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AND  
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95 MAY -1 AM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000073998 (5)**  
1. Corporation Name  
**ASSET RESOURCES OF AMERICA, INC.**

Principal Place of Business: **5030 CHAMPION BLVD., #6425 BOCA RATON FL 33486**  
Mailing Address: **5030 CHAMPION BLVD., #6425 BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: **10/26/1993**  
3a. Date of Last Report: **11/21/1994**  
4. FBI Number: **65-0453538**  
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

9. Name and Address of Current Registered Agent  
**LANGERMAN, PHILIP  
5030 CHAMPION BLVD., #6425  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | <b>P</b>                          |
| NAME            | <b>LANGERMAN, PHILIP</b>          |
| STREET ADDRESS  | <b>5030 CHAMPION BLVD., #6425</b> |
| CITY - ST - ZIP | <b>BOCA RATON FL 33486</b>        |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Philip Langerman Philip Langerman 4/27/95 785-943-7977  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)