SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # PS

P93000087936 (9)

LAW OFFICES OF RONALD S. ASNES A PROFESSIONAL AS SOCIATION

Principal Place of Business Mailing Address				
701 PROMENADE DR.	701 PROMENADE DR.			
SUITE 200	SUITE 200			
PEMBROKE PINES FL 33026	PEMBROKE PINES FL	33026		Date of Last Report)4/28/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0465833	Not Applicable
Suite Apt. #, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
22 Ch. P. State	City & State			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intengible	
24 25	29	30	Florida Statutes Yes	No
9. Name and Address of Current F	legi stered Agent		10. Name and Address of New Registered	Agent
ASNES, RONALD S		81 Name		
701 PROMENADE DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 200		83		
PEMBROKE PINES FL 33302		63		
		84 City	Fl	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	and 607,1508, Florida Stati	I I		
Office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida Such change was	authorized by the corpora	ation's board of directors. Thereby accept the appi	ointment äs registered
SIGNATURE	713 (4, GOGROFI GO7:GOGO, T	iorida Originos.		
Signature, typed or printed name of registered agent a		OTE: Furgiciated Agent signature req	pared when ternstating) LIATE	
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS ANI	
THE PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME ASNES, RONALD S STREET ADDRESS 701 PROMENDADE DRIVE, SU	IITE 200	1.2 NAME		
STREET ADDRESS //O1 PHOMENDADE DRIVE, SU PEMBROKE FL	IIIC 200	1 3 STREET ADDRESS		
TITLE	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - ST - ZIP		
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
City-St-ZiP	·	3 4 CITY - ST - ZIP		
TITLE	DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-Si-ZiP	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	DELETE	5.1 THE		Change Add-tion
NAME CIRCET ADDRESS		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-Z)P	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME		6 2 NAME		canda neatton
STREET ADDRESS		6.3 STREET ADDRESS		
1				

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 1 further certify that the information indicated on this ar nual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Rual Lasus

BIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

LUSANDS: ASWES, PLESSACN F

8/2/96 (954) 413-1300