PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087936

1. Corporation Name

LAW OFFICES OF RONALD S. ASNES A PROFESSIONAL AS SOCIATION

Principal Place of Business							
701 PROMENADE DR.							
SUITE 200							
PEMBROKE PINES FL 33026							

Andress Andress

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90171 042 ***150.00



i iliicipai i iaci	o or business	Maining / taa. aaa			
701 PROMENADE DR. 701 PROMENADE DR. SUITE 200 SUITE 200 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026					•
				DO NOT WRITE IN 1	THIS SPACE
	:			3. Date incorporated or Qualifed	
	•			12/27/1993	
2. Principal P	lace of Business	2a. Mailing Address	A 2	4. FEI Number	Applied For
21 <i>433</i>	Plaza Real	26 433 Plaz	ta Real	65-0465833	. Not Applicable
Suite, Apt.	# etc 2 75	Suite, Apt. #, etc. 2	75	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	ca Raton, FL	City & State 28 Boca Ray	GN, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 334	Country (132 25 USA	Zip 33 432 3	Country 0 USA	This corporation owes the current year Personal Property Tax.	Ves □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name	RONALD S. ASNES	
	es, ronald's		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
	PROMENADE DRIVE		4	133 Plaza Real, #	275
· ·	E 200		83		,
PEMBROKE PINES FL 33302					85 Zip Code
	• •	-			FL 33432
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	proporation submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auto ons of, <u>Section 60</u> 7.0505, Florid	norized by the corpora la Statutes.	ation's board of directors. I hereby accept the a	ppolituriarit da registered
SIGNATURE	Raise				4/28/99
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature requ		E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PSTD	☐ DELETE	1.1 TITLE		
NAME	ASNES, RONALD S		1.2 NAME	433 Plaza Real, #29 Boca Raton, F	25
STREET ADDRESS	701 PROM <u>endade Drive, Sui</u>	E 200	1.3 STREET ADDRESS	455 Maza New ,	1 22//29
CITY-ST-ZIP	PEMBROKE FL	·	1.4 CITY-ST-ZIP	BOCA KATON, F	C JJ 77 K
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	· · ·		2.2 NAME		
STREET ADORESS		•	2.3 STREET ADDRESS		
CITY-\$1-ZIP			2.4 CITY-ST-ZIP		C Addition
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-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition Ì

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Nes, Perdet 4/28/99 (561) 362-5298

Change

☐ Addition