

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90989 029 ***158.75

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1. Entity Name

ASMI MANAGEMENT, INC.



Principal Place of Business

1800 S.W. 3RD ST.
POMPANO BCH. FL 33069

Mailing Address

2200 CORPORATE BLVD NW
STE 310
BOCA RATON FL 33431

94067172



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0605311

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLAWAY, JOHN M	
STREET ADDRESS	1641 POPPS FERRY ROAD, SUITE B-1	
CITY-ST-ZIP	BILOXI MS 39532	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	2200 CORPORATE BLVD. N.W. #310	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOLOMON, ALLAN B	
STREET ADDRESS	2200 CORPORATE BLVD. N.W. #310	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTEN, JAMES	
STREET ADDRESS	1024 W. 3RD ST.	
CITY-ST-ZIP	DAVENPORT IA 52802	
TITLE	GM	<input type="checkbox"/> Delete
NAME	FEINBERG, RICHARD	
STREET ADDRESS	1800 S.W. 3RD ST.	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	YEISLEY, REXFORD	
STREET ADDRESS	1641 POPPS FERRY ROAD, SUITE B-1	
CITY-ST-ZIP	BILOXI MS 39532	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy M. Hinkley	
STREET ADDRESS	1641 Popps Ferry Road, Ste B-1	
CITY-ST-ZIP	Biloxi, MS 39532	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secy. Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

Daytime Phone #

561.995.6660