## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION **ANNUAL REPORT** 

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State . 1997 DIVISION OF CORPORATIONS DOCUMENT # P9500009078 (3)
ASK FINANCIAL SOLUTIONS, INC.

	FILED
Jan 31	1997 8:00am
Secre	etary of State



126 SUNFLOWER CIRCLE ROYAL PALM BEACH FL 33411		126 SUNFLOWER CIRCLE ROYAL PALM BEACH FL 33411-8009			
				3. Date incorporated or Qualified 02/03/1995	3a. Date of Last Report 04/23/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0560723	Not Applicable
Suite, Apt. ¥		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z <sub>1</sub> p <b>29</b>	Country 30		Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
	MMER, CHRISTOPHER S		81 Name		
126	SUNFLOWER CIRCLE		82 Street Ac	dress (P.O. Box Number is Not Acceptate	ole)
ROY	AL PALM BEACH FL 33411			,	
•			83		
_			84 City	orporation submits this statement for the pration's board of directors. I hereby acce	FL 85 Zip Code
SIGNATURE 12.	Signature, typed or ported name of regions	d agent and title if applicable (N AND DIRECTORS	iOTE: Registered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
THYLE	D	DELETE	1 1 TITLE		Change Addition
NAME	PLUMMER, CHRISTOPHER	18	1.2 NAME		
STREET ADDRESS	126 SUNFLOWER CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 3	33411	1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	PLUMMER, JANET C		2.2 NAME		
STREET ADDRESS	126 SUNFLOWER CIRCLE	CALLER TO THE STATE OF THE STAT	2.3 STREET ADDRESS		
C11Y-S1-7IP	ROYAL PALM BEACH FL 3		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS					
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TILE		☐ DELETE	4.1 TITLE		Change Additio
NAME			4 2 NAME		_ •
STREET ADORESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		····	5.4 CITY-ST-ZIP		······································
TITLE		DELETE	6.1 TITLE		Change Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHE 13 VEG			PACITY OF TIP		

14. I do 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