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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000068451**

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90083 026 \*\*\*150.00

ASC IND	DUSTRIES, INC.								A Particular State of the State
Principal Place	e of Business	Mailing Address				-		ii Bibbi	Orien Har Heel
2749 NORTHWE		2749 NORTHWEST 82 AVE.							
MIAMI FL 33122 MIAMI FL 33122						DO NOT WOLL IN TUI	COAC	c	
	•					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPAC		
	, ,					09/06/1995			ļ
2. Principal Pl	lace of Business	2a. Mailing Address		_		4. FEI Number	$\neg \top$	Ap	plied For
21	*	26				65-0604871			t Applicable
	#, etc	Suite, Apt. #, etc.				5 Certificate of Status Desired			ے است
22		27				0.			quired
City & State	е .	City & State				6. Election Campaign Financing			May Be
23		28		<u> </u>		Trust Fund Contribution			o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year In	itangibi Ye∐		□No
24	9. Name and Address of Current	Perietered Agent	30			Personal Property Tax.  10. Name and Address of New Registered			(2)110
	5. Name and Address of Corrent	LONISTELEN WAGIIT		31 N	lame	18. Senie and Senies of Senies (188)			
LOTI	T, GEORGE J								
	LOTT & LEVINE		3	32 S	treet Addres	ss (P.O. Box Number is Not Acceptable)			İ
9130	SO. DADELAND BLVD., SUITE 1	701	1	B3					
MAN	/II FL 33156			_					
	,		]8	34 C	ity	F	85	Zip (	ode
			I .						
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statut f Florida. Such change was al ons of, Section 607.0505, Flor	es, the about thorized the rida Statut	ove-na by the es.	corporation	ration submits this statement for the purpose on a board of directors. I hereby accept the appoint	f chang intmen	ing its t as re	registered gistered
agent. I ai SIGNATURE	m familiar with, and accept the obligate	ons of, Section 607.0505, Fiol	nda Statut	es.			f chang intmen	ing its t as re	registered gistered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the stat	and title if applicable. (NOTE	nda Statut	es.					
agent. I ai SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE	: Registered A	gent sign		when reinstating) DATE	ND DIF		
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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.