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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032433

1. Corporation Name

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ASHER STUDIOS, INC.

Principal Place of Business	Mailing Address	
7155 MONTRICO DRIVE	7155 MONTRICO DRI	
BOCA RATON FL 33433	BOCA RATON FL 334	

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26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27

City & State City & State 28 Co Zip Country

> 29 9. Name and Address of Current Registered Agent

ASHER, ITZHAK 7155 MONTRICO DRIVE **BOCA RATON FL 33433**

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90007 033 ***150.00



DO NOT WRITE IN THIS SPACE

		4. FEI Number	Applied For		
		65-0671550	Not Applicable		
		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
untry		This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No		
		10. Name and Address of New Registered	d Agent		
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City		85 Zip Code		

3. Date Incorporated or Qualifed

04/10/1996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	<u> </u>			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12			
TITLE	D DELETE	1.1 TITLE	☐ Change	☐ Addition			
NAME	ASHER, ITZHAK	1.2 NAME	,				
STREET ADDRESS	7155 MONTRICO DRIVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition			
NAME		2.2 NAME	i				
STREET ADDRESS		2.3 STREET ADDRESS	1				
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-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE	Change	Addition			
NAME		5.2 NAME		•			
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition			
NAME		6.2 NAME		İ			
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					
14. Liberaby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3%). Florida Statutes, I further certify that the information							

indicated on this annual report or supplied with his filling does not quality for the exemption stated in Section 119.07(40ff), replied statutes. I indicate certain 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR