

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90030 049 \*\*\*150.00

DOCUMENT # P96000041695

1. Corporation Name  
ASHTYN BUILDING, INC.

Principal Place of Business  
SUITE 302  
2040 N.E. 163 STREET  
NORTH MIAMI BEACH FL 33162

Mailing Address  
SUITE 302  
2040 N.E. 163 STREET  
NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 1799 NE 164th ST.#111

23 City & State  
NORTH MIAMI BEACH FL.

24 Zip Country  
33162 U S A

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 1920 NE 208th TERRACE

28 City & State  
NORTH MIAMI BEACH FL.

29 Zip Country  
33179 U S A

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0665200

Applied For

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SERNS, DAVID R ESQUIRE  
SUITE 302  
2040 N.E. 163 STREET  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

LESLIE RANCE

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

1920 NE 208th TERRACE

83

84 City

NORTH MIAMI BEACH

FL

85 Zip Code

33179

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

*Leslie Rance*

LESLIE RANCE

3/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME RANCE, LESLIE  
STREET ADDRESS C/O DAVID R. SERNS, 2040 NE 163 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME LESLIE RANCE  
1.3 STREET ADDRESS 1920 NE 208th TERRACE  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FLORIDA 33179

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Leslie Rance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE RANCE 305-682-1002 3/30/99

Date

Daytime Phone #

0235507

CR2F034 (11/98)