Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90132 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000042338

1. Corporation	ASSET PARTNERS, INC.	0.12000			NA <b>Biris (1888</b> 18 <b>88</b> )
Principal Place	of Rusiness	Mailing Address		-\	{
828 NORMAND		828 NORMANDY TRACE RD.			
TAMPA FL 3360		TAMPA FL 33602			•
US		US	1 - 1/2	DO NOT WRITE IN TH	IIS SPACE
			الله با ويد ، پنانسلسان و پايست	3: Date Incorporated or Qualifed	
			<del></del>	05/10/1996 4. FEI Number	Applied For
<b>−</b> i '	lace of Business	2a. Mailing Address		65-0669675	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	•	dia to the first	\$8.75 Additional
22		27	•	5. Certificate of Status Desired.	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3		Personal Property Tax.	☐Yes ☑No
•	g. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
LIET	T LAADII VAI D		81 Name	•	
HETT, MARILYN P		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
828 NORMANDY TRACE RD. TAMPA FL 33602					
IAW	PA FL 33002		83		
			84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corpo	the state was facility as a second	of changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap-	pointment as registered
	m tamular with, and accept the dolligat	unis di, Section do7.0000, Fione	ia Statutes.	4	1-11-99
SIGNATURE	Signature, typed or pphted name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature required		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HETT, MARILYN P		1.2 NAME		
STREET ADDRESS	828 NORMANDY TRACE RD.		1.3 STREET ADDRESS		,
CITY-ST-ZIP	TAMPA FL 33602		-1.4 CITY-ST-ZIP		Change C Addition
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	GILL, RICHARD J		2.2 NAME		
STREET ADDRESS	828 NORMANDY TRACE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	∏ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	·	☐ ntre it	3.1 TITLE	•	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-SY-ZIP 4.1 TITLE		Change Addition
			4. 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	-	☐ DELETE	5.1 TITLE	<del> </del>	Change Addition
NAME			5.2 NAME		,
STREET ADDRESS		-	5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 City-St-Zip		
		☐ DELETE			☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

727-893-7035

Daytime Phone #