

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

FILED  
Jan 23, 1999 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-23-1999 90044 046 \*\*\*150.00

DOCUMENT # P96000073302

1. Corporation Name  
ASN & ASSOCIATES, INC.



Principal Place of Business  
18838 GULF BLVD. SUITE 202  
INDIAN SHORES FL 33785

Mailing Address  
18838 GULF BLVD. SUITE 202  
INDIAN SHORES FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/29/1996

4. FEI Number  
59-3400970

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
NEIL, ALAN  
18838 GULF BLVD, SUITE 202  
INDIAN SHORES FL 33785

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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 *Alan Neil* DATE 1/9/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, ALAN	1.2 NAME	
STREET ADDRESS	18838 GULF BLVD, SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 33785	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, ALAN	2.2 NAME	
STREET ADDRESS	18838 GULF BLVD, SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 33785	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Alan Neil* DATE 1/8/99 727 595 9733

**NOTARIZATION REQUIRED**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)