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PF_{*}OFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073302

ASN & ASSOCIATES, INC.

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

01-23-1999 90044 046 ***150.00



· · · · · · · · · · · · · · · · · · ·	ce of Business	Mailing Address						
	LVD. SUITE 202	18838 GULF BLVD. SUITE 2	202					
INDIAN SHORE	S FL 33785	INDIAN SHORES FL 33785				DO NOT IMPITE IN		
						DO NOT WRITE IN	THIS SPACE	:
						3. Date Incorporated or Qualifed 08/29/1996		
2 Oringinal C	Place of Business	2a. Mailing Address				4. FEI Number		1 A U 4 C
— ¨	Place of business	<u> </u>				59-3400970		Applied For
Suite, Apt.	# ptc	Suite, Apt. #, etc.	•			39 3400970	60.	Not Applicable
— · '	. 					5. Certifcate of Status Desired		75 Additional e Required
City & Stat	te	City & State				• Floring Company Floring		
23		28				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current y		200 10 1 000
24	25	<u></u>	30	,		Personal Property Tax.	∑ Yes	□No
2-41	9. Name and Address of Current			T		10. Name and Address of New Regis	tered Agent	
	**	· · · · · · · · · · · · · · · · · · ·		81	Name		-	
	L, ALAN				0	(20.2)		
1883	38 GULF BLVD, SUITE 202			82 Street Address (P.O. Box Number is Not Acceptable)				
INDL	AN SHORES FL 33785			83				
				84	City		FI 85	Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s the a	above-	named corp	oration submits this statement for the nurn	ose of changin	a its registered
office or r agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was autors of, Section 607.0505, Flor	ithorized ida Stat	d by th	ne corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	appointment a	s registered
SIGNATURE	& alan Cul	/				//9/	99	
	Signature, typed or printed name of registered agent a		Registered	d Agent :	signature required	d when reinstating)	AI#	
40	OFFICEDS AND	DIDECTORS	4.2			ADDITIONO/CHANCES TO OFFICE	DC AND DIDE	CTODE IN 42
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PVST	DIRECTORS DELETE	1.1 TI	TTLE		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	
TITLE NAME	PVST NEIL, ALAN		1.1 TI 1.2 N	TITLE NAME	INDECC.	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202		1.1 TI 1.2 No 1.3 S	TITLE NAME STREET A	ADDRESS	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785	☐ DELETE	1.1 TI 1.2 No 1.3 Si 1.4 CI	TITLE NAME STREET A CITY-ST-		ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D		1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI	TITLE NAME STREET A CITY-ST- TITLE		ADDITIONS/CHANGES TO OFFICE		nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D NEIL, ALAN	☐ DELETE	1.1 TI 1.2 No 1.3 S 1.4 CI 2.1 TI	TITLE VAME STREET A CITY-ST- TITLE VAME	ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D NEIL, ALAN 18838 GULF BLVD, SUITE 202	☐ DELETE	1.1 TI 1.2 N 1.3 S ² 1.4 CI 2.1 TI 2.2 N 2.3 S ²	TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D NEIL, ALAN	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C	TITLE LAME STREET A CITY-ST- TITLE LAME STREET A CITY-ST-	ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D NEIL, ALAN 18838 GULF BLVD, SUITE 202	☐ DELETE	1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C	ITLE IAME STREET A CITY-ST- TILE IAME STREET A CITY-ST-	ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785 D NEIL, ALAN 18838 GULF BLVD, SUITE 202 INDIAN SHORES FL 33785	DELETE DELETE DELETE	1.1 TI 1.2 N. 1.3 S 1.4 CC 2.1 TI 2.2 N. 2.3 S 2.4 CC 3.1 TI 4.2 N. 4.3 S 1.4 CC 4.1 TI 5.2 N. 5.3 S 1.5 C. 4.1 TI 5.2 N. 5.3 S 1.5 C. 4.1 TI 6.2 N. 6.2 N.	TITLE TAME TOTY-ST- TITLE	ZIP ADDRESS .ZIP ADDRESS .ZIP ADDRESS .ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Cha	nge Addition nge Addition nge Addition nge 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 or on another with an address, with all other like empowered.

SIGNATURE: <