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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000017051**1. Corporation Name

A.S.A.P. ABSTRACTS PUBLISHING INC.

							(8) (1) (1) (1) (1) (1) (1)		
Principal Place of Business Mailing Address									
310 NE 7TH AVE. 310 NE 7TH AVE.									
SUITE A			SUITE A DELRAY BEACH FL 33483			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					3. Date Incorporated or Qualifed				
						02/21/1997			
2. Principal P	lace of Business	2a. M	lailing Address			4. FEI Number	A	pplied For	
21		26	-			65-0774653	N	lot Applicable	
Suite, Apt.	#, etc.		uite, Apt. #, etc.			-5: Certifcate of Status Desired -		Additional	
22	_	27				5; Certicate of States Desired—	Fee R	equired	
City & Stat	e	C	ity & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zi	ip	Countr	у	8. This corporation owes the current year			
24	25	29		30		Personal Property Tax.	Yes	ØNo	
	9. Name and Address of Curre	nt Register	ed Agent			10. Name and Address of New Registers	d Agent		
				8.	Name				
CORPORATE CREATIONS ENTERPRISES, INC.				82	82 Street Address (P.O. Box Number is Not Acceptable)				
4521 PGA BLVD. #211				ļ					
PALM BEACH FL 33418				[83	3			. [
				84	1 City		. 85 Zip	Code	
•					1 1	<u>F</u>			
11., Pursuant	to the provisions of Sections 607.050	02 and 607.	.1508, Florida Statute	es, the above	ve-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as r	s registered egistered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. ations of, Se	ection 607.0505, Flor	ida Statute	S.	and to board of directors. I hereby describe app	,ountilion do in	Sg.C.C.	
SIGNATURE	-							1	
SIGNATURE	Signature, typed or printed name of registered age			Registered Age	ent signature req	uired when reinstating) DATE			
12.	OFFICERS AI	ND DIRECT		13.	· ·	· ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	# CEO		☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	WYNNE, SHARON			1.2 NAME				Ì	
STREET ADDRESS	310 NE 7TH AVE., SUITE A			1.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP	DELRAY BEACH FL 33483			1.4 CITY-	ST-ZIP				
TITLE	CEO V President		DELETE	2.1 TTLE			☐ Change	☐ Addition	
NAME	WYNNE, PATTY			2.2 NAME		•			
STREET ADDRESS	310 NE 7TH AVE., SUITE A			2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	DELRAY BEACH FL 33483			2. 4 CITY-	ST-ZIP		<u> </u>		
TITLE			☐ DELÉTE	3.1 TITLE		• •	Change	Addition	
NAME				3.2 NAME		<i>:</i>			
STREET ADDRESS				3.3 STREE	ET ADDRESS				
CITY-ST-ZIP				3.4, CITY-	ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE	T		☐ Change	Addition i	
NAME				4. 2 NAME	į (ſ	
STREET ADDRESS				4 3 STREI	ET ADDRESS				
C/TY+ST-Z/P				4.4 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

DELETE

1/14/99

5612436080

Change

Change

Addition

Addition

Daytime Phone #

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