

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE - Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023196 (3)
1. Corporation Name
ASSMANN ENTERPRISES, INC.



Principal Place of Business 1205 GRANADA BLVD. CORAL GABLES FL 33134	Mailing Address 1205 GRANADA BLVD. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6700 WESTERN AVE Suite, Apt. #, etc		2a. Mailing Address 26 6700 WESTERN AVE Suite, Apt. #, etc		3. Date Incorporated or Qualified 03/13/1997	
22 City & State 23 CHEVY CHASE MD		27 City & State 28 CHEVY CHASE MD		4. FEI Number 65-0749945 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 20815		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 20815		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent AUGSPURGER, JENNIFER L ESQ 7251 W. PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433-3487				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSMANN, CAROL HYNES		1.2 NAME	CAROL HYNES ASSMANN	
STREET ADDRESS	1205 GRANADA BLVD.		1.3 STREET ADDRESS	6700 WESTERN AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSMANN, WILLIAM J		2.2 NAME	WILLIAM J. ASSMANN	
STREET ADDRESS	1205 GRANADA BLVD.		2.3 STREET ADDRESS	6700 WESTERN AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	CHEVY CHASE MD 20815	
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.

SIGNATURE *Carol Hynes Assmann* **CAROL HYNES ASSMANN** 1/27/98 202-674-3634

CR2E034 (10/97)