

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000033994 (9)**  
 1. Corporation Name  
**A AND S UNLIMITED, INC.**



Principal Place of Business <b>321 SE 15TH AVENUE                  SUITE 1A                  DEERFIELD BEACH FL 33441</b>	Mailing Address <b>321 SE 15TH AVENUE                  SUITE 1A                  DEERFIELD BEACH FL 33441</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 321 SE 15th Ave</b> Suite, Apt. #, etc. <b>22 Suite 1A</b> City & State <b>23 Deerfield Beach, FL</b> Zip <b>24 33441</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 PO Box 1078</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Deerfield Beach, FL</b> Zip <b>29 33443</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>04/14/1997</b>	4. FEI Number <b>65-0752953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		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		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>SEGAL, ARTHUR E                  2037 SE 3RD STREET                  SUITE 2                  DEERFIELD BEACH FL 33441</b>		10. Name and Address of New Registered Agent <b>81 Name N/A</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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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: *Arthur E Segal* **Arthur E Segal / P.A. / Vice President - 20-98**  
 Signature, typed or printed name of registered agent (and title if applicable) (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, MS. SINDEE E</b>	1.2 NAME	
STREET ADDRESS	<b>321 SE 15TH AVE., SUITE 1A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGAL, MR. ARTHUR E</b>	2.2 NAME	
STREET ADDRESS	<b>2037 SE 3RD STREET, SUITE 2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	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.

SIGNATURE: *Sindee E Katz* **Sindee E Katz President 4-21-98 954-334-2000**

CR2E034 (10/97)