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

Mailing Address

JUPITER FL 33477

2a. Mailing Address

City & State

27

28

29

Suite, Apt. #, etc.

204 RIVER PARK DRIVE

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088639 (4)

Country

9. Name and Address of Current Registered Agent

25

FRIDKIS, RANDY L 204 RIVER PARK DRIVE

JUPITER FL 33477

ASSET CONVERSION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

204 RIVER PARK DRIVE

JUPITER FL 33477

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/14/1997</u> 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code

FILED

Feb 06 1998 8:00am

Secretary of State

				FL T	
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					
				required when reinstating) DATE	
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ddition 3
Į.	-	_] D((())	1.1 1004		OURIUM 3
NAME	FRIDKIS, RANDY L		1.2 NAME		3
STREET ADDRESS	204 RIVER PARK DRIVE	i	1.3 STREET ADDRESS		زا
CITY-ST-ZIP	JUPITER FL 33477		14 CITY - ST - ZIF		}
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NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		- {
CITY-ST-ZIP	<u> </u>		2 4 CHY-S1-7IP		
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STREET ADDRESS			3 3 STREET ADDIRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change A	ddition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(TY - \$1 - ZIP		- 1
TITLE		DELETE	5.1 TOUE	Change A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP]
TITLE		DELETE	6.1 1111.6	☐ Change ☐ A	ddition
NAME			6.2 NAM€		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$1-ZIP			6.4 CITY - ST - ZIF		
14 I hereby co	ertify that the information supplied with this filing does.	not qualify for th	e exemption state	ed in Section 119 07(3)(i). Florida Statutes, I further certify that the inform	ation [

Country

81

84 City

Name

30

receive come the information supplied with this little cost in quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

561-379-9086