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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State*

DIVISION OF CORPORATIONS

DOCUMENT # P97000099189 (7) ASH-COOPER & ASSOCIATES, INC.					7	
AS	SH-COOPER (& ASSOCIATES, IN	IC,		1 1001(80) 100 (82)((100)(80)) 20(1) 20(1) 40(1) 60(1)	Ania (8)01 (182) (8:18 (8)) (8)
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Principal Place of Business Mailing Address				 	a Labridary see Labril 1904; 9041) arein 9041, 9044; 9044 fi	1880 ADADA BERDE ARANG 1881 ABDE
3501 WEST VINE STREET SUITE 3 KISSIMMEE FL 34741			3501 WEST VINE STRE	ET		
			SUITE 3 Kissimmee Fl 3474 1		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
	icipal Place of Bus		26 1914 ST. 760	DEZ COURT	59-3479900	Applied For
	te, Apt. #. etc.	ve e court	Suite, Apt. #, etc.	PEL COURT		Not Applicable \$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
_ Civ	& State	EI.	City 8 State	,PL 34744	6. Election Campaign Financing	\$5.00 May Be
23 (// 5	SSIMMEE,	Country.	28 NISSMMEE	Country	Trust Fund Contribution 8. This corporation owes or has paid the contribution	Added to Fees
24 3	4144	25 USA	29	30	Personal Property Tax due June 30.	Yes No
	9. Nam	and Address of Curre		1441	10. Name and Address of New Registered	d Agent
	AMERILAWY	R		81 Name		
to an atternal auraum				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134						
•				83		
				84 City	F	85 Zip Code
11. Pu	irsuant to the provi	sions of Sections 607.050	02 and 607.1508. Florida Statu	utes, the above named cor	rporation submits this statement for the purpose	of changing its registered
offi	lice or regi ste red a ient. I am fam iliar v	gent, or both, in the State with, and accept the oblice	e of Florida. Such change was rations of, Section 607,0505, F	authorized by the corporation and action action and action acti	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNA		,	,			ļ
	Signature type	d or printed name of registered ay		II - Rogistered Agent signature requ	uired when reinstating) DATE	
12.	PVST	OFFICERS AN				
NAME			ID DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
HAMME		D KEITH C	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
STREET AS		ER, KEITH G		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN	
STREET AL	DORESS 3501 V	EST VINE STREET		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN	
STREET AL CHY-ST- TITLE	DORESS 3501 V			1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN	
CITY-ST-	DDRESS 3501 V ZIP KISSIM D	EST VINE STREET	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
CITY-ST- TITLE	DDRESS 3501 W KISSIM D COOPE 3501 W	/EST VINE STREET MEE FL 34741 ER, KEITH G /EST VINE STREET	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
CITY-ST- TITLE NAME	DDRESS 3501 W KISSIM D COOPE 3501 W	/est vine street Mee FL 34741 Er, Keith G	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition Change Addition
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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 atlachment of the corporation of the corpo

CHATURE Settle of College

4/23/98

407-348-5494

FILED

May 22 1998 8:00am

Secretary of State

R2E034 (10/97)