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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT 🗗 STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099786 (0)

Country

9. Name and Address of Current Registered Agent

25

ASHENBACK, MARGARET

STUART FL 34997

5186 S.E. CHANNEL DRIVE

ASHENBACK & SONS, INC.

Principal Place of Business

5186 S.E. CHANNEL DRIVE STUART FL 34997

2. Principal Place of Business

Suite, Apt #, etc

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

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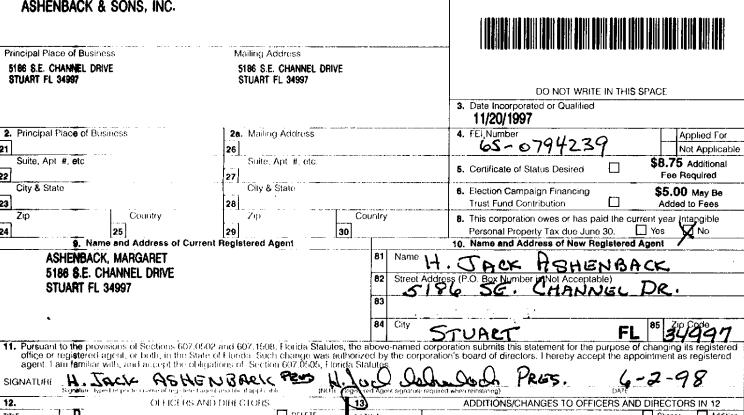
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Suite, Apt. #, etc.

5186 S.E. CHANNEL DRIVE STUART FL 34997

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1998 JOA - 5 MM 8: 10 SECRETARIA STATE



offige or re	egi ste red agent, or both, in the State of Floric ii fam iliar with, and accept the obligations of	ta. Such change was a Section 607 0505. Fir	iuthorized by the corp irida Statutos	oration's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	H. Zack ASHEN36	tel Pers	1.200 Dal	and PR65.	6-2-98
12.	OFFICERS AND DIREC	HORS	13	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE		DELETE	1 1 THLE		Change Addition
NAME	ASHENBACK, H. JACK		1.2 NAME		
STREET ADDRESS	5186 S.E. CHANNEL DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP		
TITLE	Ū	🔀 DELETE	21 HILF		Change Addition
NAME	ASHENBACK, MARGARET		2 2 NAME	9000025	579195
STREET ADDRESS	5186 S.E. CHANNEL DRIVE		2.3 STREET ADDRESS	9000025 -06/12/9	3801020009
LITY-SY-ZIP	\$T UART FL 34997		2 4 CHY+ST-ZIP).00 ****150.00
TITLE		☐ DETE	3.1 THEF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE	_	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELLTE	61 HTLF		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	SCC 6-5-98	

Country

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14. Thereby 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.