PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State
DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90138 023 \*\*\*158.75

DOCUMENT # P98000032019  1. Corporation Name  ASA INTERNATIONAL OF CENTRAL FLORIDA, INC.								
Principal Place	e of Business	Mailing Address			- i iffitifite ift ifter ifter farit efter ereit mitte mein	18 44118 11841 BELDI	1784E 1249 1849	
109 ORANGE RIDGE DR. 109 ORANGE RIDGE DR.					<b>\</b>			
LONGWOOD FL 32779 LONGWOOD FL 32779					DO NOT WRITE IN THIS SPACE			
i					3. Date Incorporated or Qualifed			1
Į					04/02/1998			}
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	j
21 26		26			59-3505611	<del></del>	t Applicable	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27		рекирем зет			ł	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 Added t		
23	Country	Zip	Cou	ntry	Trust Fund Contribution  8. This corporation owes the current year in		01665	1
Zip	Country 25	<b>←</b> · · · · ·	30	y	Personal Property Tax.		□No	
24	9. Name and Address of Currer		<sup>30</sup> 1		10. Name and Address of New Registered	Agent		1
				61 Name				
OWEN, RICHARD B				62 Street Add	tress (P.O. Box Number is Not Acceptable)			t
5250 S. HWY. 17-92				517881 Address (F.O. Dox Number is Not Acceptable)				
CAS	SELBERRY FL 32707		ĺ	83				
				B4 City		85 Zip (	Code	ĺ
}			ì	1 1 -	FI	<b>∟                                    </b>		1
11, Pursuant office or reagent. I as	to the provisions of Sections 607,054 egistered agent, or both, in the State in familiar with, and accept the obligation of the state of the section of the			by the corporatiles.	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appoint of the purpose of the	pintment as re	gistered	e e
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A			8
TITLE	D	() DELETE	1,110	ue )		Change	Addition	CR2E034 (11/98)
NAME I	MARTIN, JOHN	ORANGE RIDGE DR.		ME			;	S
STREET ADDRESS	109 ORANGE RIDGE DR.			REET ADDRESS				ZĘ.
CITY-ST-ZIP	LONGWOOD FL 32779	F7 +01 F7F		Y-ST-ZIP		Change	Addition	8
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NAME STREET ADDRESS				REET ADDRESS				1
CITY-ST-ZIP				Y-87-ZIP	.,			ļ`.
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tm.e		☐ DELETE	51 T/I	1	COMPANIES NO SE	Change	Addition	l
NAME			5,2 NA			ι	•	l
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CITY-ST-ZIP		P1	5.4 CIT	V-\$T-ZIP			T) Addition	i
TITLE		DELETE				Change	Addition	į
NAME			62 NA					
STREET ADDRESS			1	REET ADORESS			{	
CITY-ST-ZIP	<u> </u>		6.4 CH	Y-ST-ZIP				

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 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, with all other like empowered.

SIGNATURE: James Market May 100 OF HONTED HAMP DE STONING OFFICE

1-26-99 407-2227440

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