

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19620 (1)

1. Corporation Name
ASR PARTNERS, INC.



Principal Place of Business
17221 GRAND BAY DR.
BOCA RATON FL 33496
US

Mailing Address
17221 GRAND BAY DRIVE
BOCA RATON FL 33496
US

3. Date Incorporated or Qualified 11/13/1990	3a. Date of Last Report 02/02/1995
4. FEI Number 65-0246869	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28
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9. Name and Address of Current Registered Agent

REGENSBURG, ANTHONY S.
17221 GRAND BAY DRIVE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0602 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 607.0536, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME		2.1 NAME	
3. STREET ADDRESS		3.1 STREET ADDRESS	
4. CITY, ST, ZIP		4.1 CITY, ST, ZIP	
5. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY, ST, ZIP		8.1 CITY, ST, ZIP	
9. TITLE	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	
13. TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 or person 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

407 241 4419
Dwayne P. ...

CR2E034 (12/95)