

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S19620** (1)

1. Corporation Name
ASR PARTNERS, INC.



Principal Place of Business Mailing Address
1721 GRAND BAY DR. BOCA RATON FL 33496
17167 CASSAVA WAY BOCA RATON FL 33487
1721 GRAND BAY DRIVE BOCA RATON FL 33487

3. Date Incorporated or Qualified **11/13/1990** 3a. Date of Last Report **02/15/1996**

2. Principal Place of Business 2a. Mailing Address
17167 CASSAVA WAY
 Suite, Apt. #, etc.

4. FEI Number **65-0246869** Applied For
 Not Applicable

22. City & State **BOCA RATON FL** 27. City & State **BOCA RATON, FL.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. Zip **33487** Country **P. 132H** 28. Zip **33487** Country **P. 132H**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. **33487** 25. **P. 132H** 29. **33487** 30. **P. 132H**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGENSBURG, ANTHONY S.
1721 GRAND BAY DRIVE
BOCA RATON FL 33487

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
17167 CASSAVA WAY
 83.
 84. City **FL** 85. Zip Code **33487**

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 *A. S. Regensburg* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P REGENSBURG, ANTHONY
STREET ADDRESS	1721 GRAND BAY DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	A. S. Regensburg
STREET ADDRESS	17167 Cassava Way
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MR. A. S. REGENSBURG
1.3 STREET ADDRESS	17167 CASSAVA WAY
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *A. S. Regensburg* **2-5-97** **561 241 4413**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)