

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

**APPROVED
AND
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95 MAY -1 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION: ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State Division of Corporations
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DOCUMENT # **S46897** (2)

1. Corporation Name:

A.S.K. HEALTH SERVICES CORPORATION

Principal Place of Business: 5479-A N FEDERAL HWY. FT. LAUDERDALE FL 33308	Mailing Address: 5479-A N FEDERAL HWY. FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1991		3a. Date of Last Report 04/06/1994	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 65-0260119		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. City & State		7. This Corporation has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☐ No			

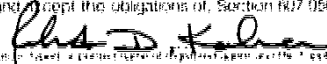
9. Name and Address of Current Registered Agent

**TEPPS, JEROME L.
414 NE FOURTH ST.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name KAHANA, Roberta
82. Street Address (P.O. Box Number is Not Acceptable) 5479 A N. Federal Hwy.
83. City
84. City FT. LAUDERDALE FL 85. Zip Code 33308

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: 

(Signature of Registered Agent is required after maintaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D KAHANA, ROBERTA	12.2 STREET ADDRESS 5479-A N FEDERAL HWY. FT. LAUDERDALE FL	13.1 NAME	☐ Change ☐ Addition
12.3 STREET ADDRESS	12.4 CITY, ST, ZIP	13.2 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS	12.6 CITY, ST, ZIP	13.3 NAME	☐ Change ☐ Addition
12.7 STREET ADDRESS	12.8 CITY, ST, ZIP	13.4 NAME	☐ Change ☐ Addition
12.9 STREET ADDRESS	12.10 CITY, ST, ZIP	13.5 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS	12.12 CITY, ST, ZIP	13.6 NAME	☐ Change ☐ Addition
12.13 STREET ADDRESS	12.14 CITY, ST, ZIP	13.7 NAME	☐ Change ☐ Addition
12.15 STREET ADDRESS	12.16 CITY, ST, ZIP	13.8 NAME	☐ Change ☐ Addition
12.17 STREET ADDRESS	12.18 CITY, ST, ZIP	13.9 NAME	☐ Change ☐ Addition
12.19 STREET ADDRESS	12.20 CITY, ST, ZIP	13.10 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(5)(b), Florida Statutes. I further certify that the information was stated on this annual report or supplemental annual report in truth and in good faith 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 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register Number