

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90026 015 ***150.00

0559657

DOCUMENT # S93514

1. Corporation Name
ASPARAGUS, INC.

Principal Place of Business
**567 LYNNETTE CIRCLE
VISTA CA 92084**

Mailing Address
**567 LYNNETTE CIRCLE
VISTA CA 92084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1994

4. FEI Number
68-0278225

Applied For
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, FRANK A.
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD
PALM BEACH GARDENS FL 33418**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P GOODE, WILLIAM W.**
STREET ADDRESS **567 LYNNETTE CIRCLE**
CITY-ST-ZIP **VISTA CA 92084**

TITLE ☒ DELETE
NAME **VP GOODE, ROBERT M.**
STREET ADDRESS **2218 WILLOWBROOK DR.**
CITY-ST-ZIP **OCEANSIDE CA 92056**

TITLE ☒ DELETE
NAME **S GOODE, EMMA J**
STREET ADDRESS **2218 WILLOWBROOK DR.**
CITY-ST-ZIP **OCEANSIDE CA 92056**

TITLE ☐ DELETE
NAME **T GOODE, CATHLEEN S**
STREET ADDRESS **567 LYNNETTE CIRCLE**
CITY-ST-ZIP **VISTA CA 92084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/S GOODE, WILLIAM W.**
1.3 STREET ADDRESS **567 LYNNETTE CIRCLE**
1.4 CITY-ST-ZIP **VISTA CA 92084**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP/T GOODE, CATHLEEN S.**
4.3 STREET ADDRESS **567 LYNNETTE CIRCLE**
4.4 CITY-ST-ZIP **VISTA CA 92084**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **WILLIAM, W. GOODE PRES 1/4/99 (760) 726-1220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)