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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V06637**

1. Corporation Name

A.S. CO	NSULTIN	G CORP.									
	a service of	***									
	<u> </u>										
Principal Plac	e of Busines	SS	Mailing Addre	ess					1 1 2 2 3 3		1 24 - ()
YARMOUTH "B" CENTURY VILLAGE WEST											
2024 YARMOUTH "8"						i	BO NOT W	OUTE IN TH	10.004.05		
BOCA RATON FL 33434 BOCA RATON FL 33434						⊢.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
03							'	01/15/1992	a u		
2 Principal B	Place of Buci	nace.	2a. Mailing A	ddrace				0 1/13/1992 4. FEI Number			Santiad For
2. Principal Place of Business 2a. Mailing Addres 21 26				Juless				65-0308039			Applied For Not Applicable
Suite, Apt.	# .etc		Suite, Apt	# etc				03_030003			Additional
22	, 0.0.		27	,				Certifcate of Status Desired		•	Required
City & Stat	te .		City & Sta	ate		_		6. Election Campaign Financin			May Be
23			28				'	Trust Fund Contribution	⁹ \square		o may be
Zip		Country	Zip		Countr	v	— 	B. This corporation owes the co	urrent vear l		-
24		25	29		30	•	'	Personal Property Tax.	anon your	∏ Yes	₩No
	9. Name		rrent Registered Age		1		10	0. Name and Address of Nev	Registere	d Agent	· • · · · · · · · · · · · · · · · · · ·
			3 (5		81	Name					
	LF, A.B.	74. 1 KARS 7			82	2 044	A status 1	(D.O. Day A)t ia Nat A	4-61-1		
CENTURY-VILLAGE WEST					04	Street	Address	ress (P.O. Box Number is Not Acceptable)			
YARMOUTH "B" 2024					83			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		N. William	77.12.14
BOC	CA RATON	FL 33434						<u> </u>	(* 3 g	(X) (X) 内	2.31 6.31 .331
					84	City			F	85 Zir	Code
11. Pursuant	to the provis	sions of Sections 607.	0502 and 607.1508. Fi	lorida Statut	es, the above	/e-named	corporati	on submits this statement for the	ne purpose	of changing i	ts registered
2 - 17 - 28 7 -	registered as	+ bath i- th- Ct	ناء عامنی کامنیات کا عمر معمل								
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かいagent. Fa	ım familiar w	ith, and accept the ob	oligations of, Section 60	ange was a 07.0505; Flo	uthorized by	/ the corp	oration's l	board of directors. I hereby acc	ept the app	ointment as i	registered
SIGNATURE	im familiar w	ith, and accept the ob	oligations of, Section 60	07.0505, Flo	uthorized by rida Statute:	y the corp s.	oration's i	board of directors. I hereby acc	DATE	ointment as i	registered
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

(609) 663-7800

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90028 025 ***150.00