

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V49257**

(1)

1. Corporation Name

ASSET SERVICES REALTY GROUP, INC.

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **07/02/1992** 3a. Date of Last Report **07/15/1994**

4. FEI Number **59-3133460** 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**

7. This corporation has liability for corporate tax under § 100 (VAT) Florida Statutes ☐ Yes ☒ No

Principal Place of Business

**461 EAGLE CIR.
CASSELBERRY FL 32707
US**

Mainly Address

**461 EAGLE CIR.
CASSELBERRY FL 32707
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mainly Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

30 City & State

9. Name and Address of Current Registered Agent

**PEREZ, LESTER W.
461 EAGLE CIR.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

(If the Agent is not a natural person, sign with the name of the corporation)

(If the Agent is a natural person, sign with the name of the agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1	D
NAME	PEREZ, LESTER W.
STREET ADDRESS	461 EAGLE CIR.
CITY, ST, ZIP	CASSELBERRY FL
12.2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.0507, Florida Statutes. I further certify that the information submitted on this Annual Report of the corporation 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 individual or natural person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change document with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

LESTER W. PEREZ

5-4-95

699-7522