

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006171 (2)**

1. Corporation Name
ASB ENTERPRISES, INC.



Principal Place of Business Mailing Address
1935 CAMINO VIDA ROBLE CARLSBAD CA 92008

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report 03/16/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 95-4002247	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HSYA STREET
TALAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name **(SAME)**
82. Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83. City
TALLAHASSEE
84. State **FL** 85. Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0902 and 607.1604, 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD BIRD, ALLAN S	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 1935 CAMINO VIDA ROBLE CARLSBAD CA		2. NAME	
3. CITY, ST, ZIP VTD	<input type="checkbox"/> DELETE	3. STREET ADDRESS	
4. NAME RUSTEN, JOHN H		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS 1935 CAMINO VIDA ROBLE CARLSBAD CA		5. TITLE	
6. CITY, ST, ZIP D	<input checked="" type="checkbox"/> DELETE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME BIRD, JOSHUA D		7. STREET ADDRESS	
8. STREET ADDRESS 1935 CAMINO VIDA ROBLE CARLSBAD CA		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY, ST, ZIP S	<input type="checkbox"/> DELETE	9. TITLE	
10. NAME GREEN, PATRICIA M		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS 1935 CAMINO VIDA ROBLE CARLSBAD CA		11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. TITLE	
14. STREET ADDRESS	<input type="checkbox"/> DELETE	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY, ST, ZIP		15. STREET ADDRESS	
		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. TITLE	
		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19. STREET ADDRESS	
		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 or on an attachment with an address.

SIGNATURE: *Patricia M Green* PATRICIA M. GREEN, SECRETARY 1/25/96 619-431-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)