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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

385589

(7)

1. Corporatio	n Name	· (,,						
ANACA	NONA & LONJEFF, INC.							
}	ioia i a consci i i iio.					E PROSENT TO CONTRACTOR AND A CONTRACTOR AND	All 1984 Blåti A	idir didir ladı
Principal Place of Business Mailing Address						<b>1</b> 11 Bibal Bibla B		
8751 N W 99 STREET 8751 N W 99 STREET								
MEDLEY FL 33178-2944 MEDLEY FL 33178-2944								
US		U\$				DO NOT WRITE IN THIS SPACE		
ŀ						3. Date Incorporated or Qualified		
						07/21/1971		
<u></u>	lace of Business	2a. Mailing Address				4. FEI Number	+	Applied For
21		26]				59-1354289		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	F-3			5. Certificate of Status Desired		Additional
22		27					Fee F	Required
City & Stat	e	City & State				6- Election Campaign Financing		May Be
23 7in	Country	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	<b>├</b> ─¬			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No		
24	25 9. Name and Address of Curre	nt Barlatarad Agant	30			Personal Property Tax due June 30.  10. Name and Address of New Registered		□ NO
		ur uadisteteo wdaut		11	Name	IU. Name and Address of New Registerer	y whour	
BERRY,LORENZO D				- [				
13455 SW 58 CT.			8	2	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156			-	13				
			ľ	"				
			8	14	City	F-1	<b>85</b> Zip	Code
44.0		00-10074500 50-1100-1		_L		F	<u> </u>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	oz and 607.1508, Florida Statut e of Florida. Such change was i	es, the abo authorized	by I	named corp the corporat	poration submits this statement for the purpose lion's board of directors. I hereby accept the ap	ot changing pointment a	ns registered s reaistered
agent. La	ım <b>'fa</b> miliar with, and accept the obliq	gations of, Section 607.0505, FI	orida Statut	les.		, , ,		•
SIGNATURE		, ,						
	Signature: typod or printed name of registered agent and title if applicable. (NOT: Registere OFTICERS AND DIRECTORS 13.			\gen	t signature requir	red when reinstating) DATE	In Diperto	50 IV 40
12.						ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PD PEDDY LODENZO D	=:=		1.1 TITLE			TTI CHAIRE	L AUUIIIII
NAME	BERRY,LORENZO D			1,2 NAME				
STREET ADDRESS			1.3 STRE	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			<del></del>	
TITLE	•	D DELETE 2.1					Change	Addition
NAME	BERRY,FLERIDA			2.2 NAME				
STREET ADDRESS	13455 SW 58 CT.			2 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL				-ZIP		- C	
TITLE	D	☐ DELETE	3.1 TITLE				A Change	Addition
NAME	BERRY,LORENZO D III		3.2 NAME		B	BERRY,LORENZO D III		
STREET ADDRESS	13455 SW 58 CT.		3.3 STREET A		ADDRESS 1	6240 SW 89 PL		
CITY-ST-ZIP	MIAMI FL		3.4. CITY	3.4. CITY- ST - ZIP		HAMI FL		
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition
NAME	Berry, Jeffrey M.		4. 2 NAV	. 4.2 NAME		BERRY, JEFFREY M.	- <del>-</del>	
STREET ADDRESS	13455 SW 58 CT.		4.3 S1RE	4.3 STREET ADDRESS		.6260 SW 89 PL		
CITY-S1-ZIP	MIAMI FL		4.4 CITY - ST - ZIP			HAMI FL		
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			52 NAM	E				
STREET ADDRESS			5.3 STRE	ET A	DDRESS			
CITY-ST-ZIP			54 CiTY					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition

14. Thereby 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 proxing 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 collocation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charliged, or on an articulum of the collocation of the coll

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: O DWW > 1

STREET ADDRESS

CITY-ST-ZIP

o execute this report as required by Chapter 607, Florida Statules; and that my name appears in

**FILED** 

Apr 14 1998 8:00am

Secretary of State