

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # 525089 (9)
1. Corporation Name
ANNAT, INC.



Principal Place of Business
**1095 5TH AVENUE NORTH
NAPLES FL 33940
US**

Mailing Address
**1095 5TH AVENUE NORTH
NAPLES FL 33940
US**

3. Date Incorporated or Qualified 02/03/1977	3a. Date of Last Report 01/31/1995
4. FEI Number 59-1721523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Zip 30

9. Name and Address of Current Registered Agent

**HOWARD, HUBERT E. JR.
3541 GORDON DR.
NAPLES FL 33940**

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 607.0502 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 _____ (NOTE: Registered Agent signature required when changing _____ DATE _____)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOWARD, HUBERT JR	
STREET ADDRESS	3541 GORDON DRIVE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HOWARD, NATHANIEL L	
STREET ADDRESS	247 BURNING TREE DR.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FURNAS, CHARLES R.	
STREET ADDRESS	241 31 ST NW	
CITY-ST-ZIP	NAPLES FL 33964	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	STEINKOPF, SANDRA J.	
STREET ADDRESS	5560 CYNTHIA WAY	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE Hubert E Howard Jr **1-18-96** **9412624639**
 HUBERT E HOWARD JR
 DATE OF FILING

CR2E034 (12/95)