

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

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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1095 5TH AVENUE NORTH NAPLES FL 33940-34102 US **1095 5TH AVENUE NORTH NAPLES FL 34102-5818 US**

3. Date Incorporated or Qualified **02/03/1977** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **34102** 25 Country 29 Zip Country 30 Country
4. FEI Number **59-1721523** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **NATHANIEL L. HOWARD**
82 Street Address (P.O. Box Number is Not Acceptable) **247 BURNING TREE DR**
83 **NAPLES**
84 City **FL** 85 Zip Code **34105**

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 *Nathaniel L. Howard* **NATHANIEL L. HOWARD V.P. & DIR.** **1/10/97**
Signature (Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HUBERT JR	1.2 NAME	
STREET ADDRESS	3541 GORDON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33940	1.4 CITY - ST - ZIP	34102
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, NATHANIEL L	2.2 NAME	
STREET ADDRESS	247 BURNING TREE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33942	2.4 CITY - ST - ZIP	34105
TITLE	PSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURNAS, CHARLES R.	3.2 NAME	
STREET ADDRESS	241 31 ST NW	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33964	3.4 CITY - ST - ZIP	34120
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINKOPF, SANDRA J.	4.2 NAME	
STREET ADDRESS	5560 CYNTHIA WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33962	4.4 CITY - ST - ZIP	34112
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *N. L. Howard* **NATHANIEL L. HOWARD CEO 1-10-97** **941 262 4639**
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)