

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

**APPROVED AND FILED**

95 MAY - 1 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J38678** (5)

1. Corporate Name:  
**ANB OF BOCA NO. 4, INC.**

Principal Place of Business: **C/O NORMAN BELFER  
120 SUNSET AVE. #3C  
PALM BEACH FL 33480**

Mailing Address: **C/O NORMAN BELFER  
120 SUNSET AVE. #3C  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>10/21/1986</b>		3a. Date of last report <b>04/27/1994</b>	
4. FFI Number <b>11-2858532</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2d. Mailing Address	
21. State Apt # etc	26. State Apt # etc	22. City & State	27. City & State
23. Zip	25. County	28. Zip	29. County
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BELFER, NORMAN C. 120 SUNSET AVENUE, #3C PALM BEACH FL 33480</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 Sections 607.01(2) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P BELFER, NORMAN C. 120 SUNSET AVE PALM BEACH FL</b>		
	<b>VS BELFER, ROBERT 767 5TH AVE., 46TH FLOOR NEW YORK NY</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and that I am not guilty for the exceptions stated in Sections 191.01(2) and Florida Statutes. I further certify that the information is based on the current year of supplemental annual report of true and accurate and that the signatures shall have the same legal effect as if made in person. I am familiar with and accept the obligations of this report and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(2) Florida Statutes, and that my name appears in Block 1 of the Block 1 of the report with an address.

SIGNATURE: **Norman C. Belfer** *4/25/95* **(407)832-4036**