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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M50343

(6)

JOHN H. ANDERSON COMPANY

(-

Principal Place of Business

1512 E. BROWARD BLVD..#301 FT.LAUDERDALE FL 33301 Mailing Address

1512 E. BROWARD BLVD..#301 FT.LAUDERDALE FL 33301-2190

FILED Apr 25 1997 8:00am Secretary of State



					3. Date Incorporated or Qualifi 04/15/1987	ed 3a. Date 6	of Last Report /1996	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 450 1	E. LAS OLAS BLVD.	26 450 E. LAS	OLA	S BLVI	65-0039384		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 O-1/6-11-1-0-1-1-1		\$8.75 Additional	
22 SUITI	E 700	27 SUITE 700			5. Certificate of Status Desired		Fee Required	
City & State City & State					6. Election Campaign Financin	9	\$5.00 May Be	
23 PT 1	LAUDERDALE, FL	28 FT. LAUDER	DALE	.FL	Trust Fund Contribution		Added to Fees	
Zip				try	8. This corporation has liability			
24 3330						Florida Statutes Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							ent	
1 CHIDING ONICE					Vame			
1512 E. BROWARD BLVD.,#301				82 Street Address (P.O. Box Number is Not Acceptable)				
FT.LAUDERDALE FL 33301					450 EAST LAS OLAS BLVD.			
83					SUITE 700			
			ε				35 7 is 60ds	
				l P	T. LAUDERDALE	PL	3330T	
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 Signature, typed or printed name of registered agent and take if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO O	FICERS AND DI	RECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	£		<u>X</u>)	Change	
NAME	ANDERSON, JOHN H.		1.2 NAM					
STREET ADDRESS	1512 E.BROWARD BLVD#301		1.3 STRE	ET ADDRESS 4	50 EAST LAS OLAS	BLVD.,	SUITE 700	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY	·ST-7IP F	T. LAUDERDALE, F	L 3330)1	
TITLE	SD	DELETE	2.1 1(1)	:		X	Change	
NAME	KLEIN, KATHRYN		2.2 NAM	E				
STREET ADDRESS	1512 E.BROWARD BLVD#301		2.3 STRI	ET ADDRESS 4	50 EAST LAS OLAS	BLVD.,	SUITE 700	
CITY-ST-ZIP	ft. Lauderdale fl			7-81-ZIP F	T. LAUDERDALE, F	L 3330		
TITLE		DELETE	3.1 TITU				Change	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	E1 AODRESS				
CITY-ST-ZIP			3.4. C(1)	(-SI-ZIP				
TITLE		DELETE	4.1 TilL				Change Addition	
NAME		,	4 2 NAM	AE .				
STREET ADDRESS			4 3 S1RI	ET ADDRESS				
CITY-ST-ZIP			4.4 City	-S1-ZiP				
TITLE		DELETE	5.1 TITL				Change Addition	
NAME			5.2 NAM	E		_	· —	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP				
TITLE		DELETE	6.1 TITLE			П	Change	
NAME		<u> </u>	6.2 NAM	·		_		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		•						
UIII-31-21P			6.4 CITY	- 21 - ZIF				

I do hereby certify that the information supplied with this filling 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 directly 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 13 or Block 3 if changed, or own attachment with an address.