

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M83657** (0)

1. Corporation Name

ANNA-LINA, INC.

Principal Place of Business

**% J. THOMAS CONROY, III
3001 NORTH TAMiami TRAIL
NAPLES FL 33940**

Mailing Address

**MORRISON & CONROY
975 SIXTH AVENUE SOUTH
NAPLES FL 33940
US**



2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.
22 City & State
23 Zip
24 Country
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26 State Apt. #, etc.
27 City & State
28 Zip
29 Country
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9. Name and Address of Current Registered Agent

**CONROY, J T III
MORRISON & CONROY
975 SIXTH AVENUE SOUTH
NAPLES FL 33940**

3. Date Incorporated or Qualified **05/23/1988**
3a. Date of Last Report **05/25/1995**
4. FEI Number **01-3399748**
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
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 609.02 and 609.150a, 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 607.04(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied to 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. I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 657, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any filing with an address.

SIGNATURE: *Philip A. Marrone* **PHILIP A. MARRONE** 1/18/96 941-774-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)