

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90046 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M85427

1. Corporation Name
ANCHOR SCREENS INC.



Principal Place of Business 204 W PRIMA VISTA BLVD PORT ST. LUCIE FL 34983 US	Mailing Address 204 W PRIMA VISTA BLVD PORT ST. LUCIE FL 34983 US
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DO NOT WRITE IN THIS SPACE

Business + Mailing Address:

2. Principal Place of Business 21 1593 S.E. Village Suite, Apt. #, etc. 22 BLAUFIS City & State 23 Port St Lucie	2a. Mailing Address 26 Green Drive Suite, Apt. #, etc. 27 City & State 28 FL Zip 24 34952 Country 25 USA	29 34952 Country 30 USA
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3. Date Incorporated or Qualified 06/14/1988	
4. FEI Number 65-0059323	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JACKSON, GENNY 2501 S.E. JASON AVENUE PORT ST. LUCIE FL 34952	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	JACKSON, JAMES G.
STREET ADDRESS	2501 SE JASON AVE
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	VPTD <input type="checkbox"/> DELETE
NAME	JACKSON, GENEVIEVE
STREET ADDRESS	2501 SE JASON AVE
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *Vice President 1/14/99 561-335-1471*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)