FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015095 (1)**

1. Corporation Name
ANIBERN CORP.

Principal Place of Business	Mailing Address
1901 HARRISON ST HOLLYWOOD FL 33020	VEIL MARK 505 S FLAGLER STE900 WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Street, Apt. #, etc. (22) | Street, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-0407768 ☐ 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

ROMANIK, DAVID S
1901 HARRISON ST
HOLLYWOOD FL 33020

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 the 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Office only) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE: P 02 NAME: VEIL, MARK D 03 STREET ADDRESS: 505 S FLAGLER DR #900 04 CITY ST ZIP: W PALM BEACH FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is substantially complete and 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 above, or on an attachment with an address.

SIGNATURE: Mark D. Veil President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark D. Veil

Date: (407) 832-9292
Telephone Number

0435021 FP