

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED  
AND  
FILED

95 AUG 23 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**

DOCUMENT # **P93000069434 (7)**  
1. Corporation Name

**A.N.T. SERVICES, INC.**

Principal Place of Business Mailing Address  
**7960 CRESPI BOULEVARD MIAMI BEACH FL 33141 US**

3. Date Incorporated or Qualified **10/06/1993** 3a. Date of Last Report **11/30/1995**  
4. FEI Number **65-0443769** 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

2. Principal Place of Business 2a. Mailing Address  
21 **312 WESTWARD DR** 26 **312 WESTWARD DR.**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 **APT #1** 27 **#1**  
City & State City & State  
23 **MIAMI SPRINGS, FL.** 28 **MIAMI SPRINGS, FL.**  
Zip Country Zip Country  
24 **33166** 25 **FL** 29 **33166** 30 **FL**

9. Name and Address of Current Registered Agent  
**MAZZONE, ANTHONY**  
**7960 CRESPI BOULEVARD**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent  
81 Name **MAZZONE, ANTHONY**  
82 Street Address (P.O. Box Number is Not Acceptable) **312 WESTWARD DR. #1**  
83  
84 City **MIAMI SPRINGS** FL 85 Zip Code **33166**

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 of Corporation Agent (to be signed by the agent) (Print Name of Registered Agent and date of signature with the filing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>MAZZONE, ANTHONY</b>	
STREET ADDRESS	<b>7960 CRESPI BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAZZONE, ANTHONY</b>	
STREET ADDRESS	<b>7960 CRESPI BOULEVARD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
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

11 TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MAZZONE, ANTHONY</b>	
13 STREET ADDRESS	<b>312 WESTWARD DR. #1</b>	
14 CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>	
21 TITLE	<b>MAZZONE, ANTHONY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>MAZZONE, ANTHONY</b>	
23 STREET ADDRESS	<b>312 WESTWARD DR. #1</b>	
24 CITY-ST-ZIP	<b>MIAMI SPRINGS, FL 33166</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*\*225.00 \*\*\*\*225.00

14. I do hereby certify that the information supplied with 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ANTHONY E. MAZZONE, PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-96 305672174  
Date of Filing #

CR2E034 (3/96)