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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000073113 (1)

1. Corporation Name
ANCHOR RESOURCES CORP.



Principal Place of Business: 1326 SE 17TH ST STE 322 FT. LAUDERDALE FL 33316 US
Mailing Address: 1326 S.E. 17TH STREET, SUITE 322 FORT LAUDERDALE FL 33316-1708

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 05/03/1996
4. FEI Number: 59-3128841
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HEAP, DONALD K
1326 SE 17TH STREET
SUITE 322
FT. LAUDERDALE FL 33316

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PTSD HEAP, DONALD K.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP.

14. I do hereby certify that the information supplied with this information indicated on this annual report or supplement. I am an officer or director of the corporation or the receiver, appears in Block 12 or Block 13 if changed, or on an attachment, qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)