


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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000060586 1. Corporation Name ANPA, INC.		

Principal Place of Business 21072 St. Peters Drive Fort Myers Beach, FL 33931	Mailing Address 21072 St. Peters Drive Fort Myers Beach, FL 33931
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1821 Estero Boulevard Suite, Apt. #, etc.	26 P.O. Box 2638 Suite, Apt. #, etc.	07/09/97	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Fort Myers Beach, FL	28 Fort Myers Beach, FL	65-0768113	Not Applicable
24 33931	25 U.S.	29 33931	30 U.S.
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Ronald J. Schulte 21068 St. Peters Drive Fort Myers Beach, FL 33931		81 Name Andrea Mazzone	
		82 Street Address (P.O. Box Number is Not Acceptable) 1821 Estero Boulevard	
		83	
		84 City Fort Myers Beach, FL	
		85 Zip Code 33931	

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: Andrea Mazzone ANDREA MAZZONETTO, President DATE: 2-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONETTO, ANDREA	1.2 NAME	
STREET ADDRESS	21072 St. Peters Drive	1.3 STREET ADDRESS	1821 Estero Boulevard
CITY-ST-ZIP	Fort Myers Beach, FL 33931	1.4 CITY-ST-ZIP	
TITLE	DVTS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISO, PASQUALE	2.2 NAME	
STREET ADDRESS	21072 St. Peters Drive	2.3 STREET ADDRESS	1821 Estero Boulevard
CITY-ST-ZIP	Fort Myers Beach, FL 33931	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002442110
STREET ADDRESS		6.3 STREET ADDRESS	-02/27/98--01005--016
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Andrea Mazzone President DATE: 2-12-98 (941) 765-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ANDREA MAZZONETTO

CR2E034 (9/96)