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Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-18-1999 90023 003 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000060586

1. Corporation Name
ANPA, INC.

Principal Place of Business

Mailing Address

1821 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931
 US

P.O. BOX 2638
 FORT MEYERS BEACH FL 33931
 US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

Country

28

Zip

Country

4

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZONETTO, ANDREA
 1821 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DP	1.1 TITLE	
2. NAME	MAZZONETTO, ANDREA	1.2 NAME	
3. STREET ADDRESS	1821 ESTERO BOULEVARD	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	FORT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	
5. TITLE	DVTS	2.1 TITLE	
6. NAME	RISO, PASQUALE	2.2 NAME	
7. STREET ADDRESS	1821 ESTERO BOULEVARD	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	FORT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Date: **1/29/99**
 Phone Number: **941-765-9660**

CR2E034 (11/98)