

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S54318** (8)

1. Corporation Name  
**ANNASWISS CORPORATION**



Principal Place of Business  
**3431 49TH STREET, NORTH  
ST. PETERSBURG FL 33710  
US**

Mailing Address  
**3431 49TH STREET, NORTH  
ST. PETERSBURG FL 33710  
US**

3. Date Incorporated or Qualified <b>05/20/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3069605</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 **3431 49th St. North**  
Suite, Apt. #, etc.

22

23 City & State  
**ST. PETERSBURG FL**

24 Zip **33710** 25 Country **USA**

2a. Mailing Address

26 **3431 49th St. North**  
Suite, Apt. #, etc.

27

28 City & State  
**ST. PETERSBURG, FL**

29 Zip **33710** 30 Country **USA**

9. Name and Address of Current Registered Agent

**AYE, WALTER E.  
ONE TAMPA CITY CTR  
STE 2865  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Sallyanne Luedi**

82 Street Address (P.O. Box Number is Not Acceptable)  
**735 36th Ave. North**

83

84 City **ST. PETERSBURG** FL 85 Zip Code **33710**

11. Pursuant to the provisions of Sections 607.09(2) and 607.1504, 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 agree to the obligations of, Section 607.09(5), Florida Statutes.

SIGNATURE: *Sallyanne Luedi*

*4-24-96*

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LUEDI, HEINZ</b>	
STREET ADDRESS	<b>6500 SUNSET WAY APT 205A</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LUEDI, SALLYANNE</b>	
STREET ADDRESS	<b>6500 SUNSET WAY APT 205A</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(A), 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, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or on an attachment with my address.

SIGNATURE: *Sallyanne Luedi*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-96 813-501-9900*

CR2E034 (12/95)