

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S79421 (1)**
1. Corporation Name
ANPELET, INC.



Principal Place of Business: **2655 MCCORMICK DR. CLEARWATER FL 34619 US**
Mailing Address: **2655 MCCORMICK DR. CLEARWATER FL 34619 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 02/20/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-3122206	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ATKINSON, LEE % TEW ZINOBAR, BARNES, ZIMMET & UNICE 2655 MCCORMICK DR. CLEARWATER FL 34619	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: _____ DATE: _____
(Signature typed or printed in block letters in this space. The date of the registered agent signature is required when the signature is typed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: LETROS, TOM STREET ADDRESS: 15 WERTHEIM CT., STE. 308 CITY, ST, ZIP: RICHMOND HILL, ONTARIO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: DAIS, PETER STREET ADDRESS: 15 WERTHEIM CT., STE. 308 CITY, ST, ZIP: RICHMOND HILL ONTARIO	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: JAKUBCSIK, WILLIAM STREET ADDRESS: 955 WILSON AVE., UNIT 6 CITY, ST, ZIP: DOWNSVIEW, ONTARIO M3K 1G1	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: COLANGELO, MICHELE STREET ADDRESS: 31 FULHAM ST. CITY, ST, ZIP: AGINCOURT, ONTARIO M1S 2A3	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		12. 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)(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, but 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.

SIGNATURE: Tom Letros DATE: JW 3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISPATCH #

CR2E034 (12/95)