

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

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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90017 021 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V40274

1. Corporation Name  
ANB OF BOCA NO. 10, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O NORMAN C. BELFER  
120 SUNSET AVE., SUITE 3C  
PALM BCH. FL 33480  
US

Mailing Address  
C/O NORMAN C. BELFER  
120 SUNSET AVE., SUITE 3C  
PALM BCH. FL 33480  
US

3. Date Incorporated or Qualified  
06/02/1992

2. Principal Place of Business  
21  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

4. FEI Number  
65-0339652

Applied For
Not Applicable

22  
City & State

27  
City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23  
Zip Country

28  
Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24  
25  
29  
30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
BELFER, NORMAN C.  
120 SUNSET AVE.,  
SUITE 3C  
PALM BCH. FL 33480

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELFER, NORMAN C.	1.2 NAME	
STREET ADDRESS	120 SUNSET AVE., SUITE 3C	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELFER, NORMAN C.	2.2 NAME	
STREET ADDRESS	120 SUNSET AVE., SUITE 3C	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EST OF ARTHUR BELFER ROBERT BELFER, EXE	3.2 NAME	
STREET ADDRESS	767 5TH AVE., 46TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99  
Date Daytime Phone #

CR2E034 (1/1/98)