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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 304068 (0)

1. Corporation Name
ANDE INC

Principal Place of Business
1310 53RD ST
WEST PALM BEACH FL 33407

Mailing Address
1310 53RD ST
WEST PALM BEACH FL 33407-2207



3. Date Incorporated or Qualified 04/14/1966
3a. Date of Last Report 02/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 60-2228658		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				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		30		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

GERLACH, C W
1340 NORTH OCEAN BOULEVARD
PALM BEACH 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	D
NAME	GERLACH, CHAS W IV	1.2 NAME	GERLACH, CHAS. W. IV
STREET ADDRESS	15170 78TH DR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	GERLACH, BETTY C	2.2 NAME	
STREET ADDRESS	120 ATLANTIC AVE	2.3 STREET ADDRESS	1340 NORTH OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
TITLE	PTD	3.1 TITLE	
NAME	GERLACH, C W	3.2 NAME	
STREET ADDRESS	120 ATLANTIC AVE	3.3 STREET ADDRESS	1340 NORTH OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
TITLE		4.1 TITLE	D
NAME		4.2 NAME	GERLACH, JOSEPH L.
STREET ADDRESS		4.3 STREET ADDRESS	14851 BLACK BEAR ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33418
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: GERLACH, C W 1-30-97 561-842-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)