FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **316718** **(6)**

1. Corporation Name
ANN-DOR INC

Principal Place of Business
SUNSHINE SQUARE SHOPPING PLAZA
BOYNTON BEACH FL 33435

Mailing Address
SUNSHINE SQUARE SHOPPING PLAZA
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **05/15/1967**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 ANN-DOR, INC.
22 Suite, Apt. #, etc. 1721 SE FAIRFIELD ST
23 City & State PORT ST LUCIE, FL
24 Zip 34983
25 Country USA

2a. Mailing Address
26 ANN-DOR, INC.
27 Suite, Apt. #, etc. 1721 SE FAIRFIELD ST
28 City & State PORT ST LUCIE, FL
29 Zip 34983
30 Country USA

4. FEI Number **59-1168159** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MANGIONE, VICTORIA
560 S.E. 15TH AVE.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
81 Name PATRICIA A. SMITH, SECTY.
82 Street Address (P.O. Box Number is Not Acceptable) 1721 SE FAIRFIELD ST.
83
84 City PORT ST LUCIE, FL 85 Zip Code 34983

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: Patricia A. Smith, secretary 4-1-96
Signature, typed or printed name of registered agent and title if applicable — Registered Agent's signature required where required — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANGIONE, VICTORIA
STREET ADDRESS	4516 BRADY BLVD
CITY-ST-ZIP	DELRAY BEACH FL
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY
1.2 NAME	PATRICIA A. SMITH
1.3 STREET ADDRESS	1721 SE FAIRFIELD ST
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
☐ Change ☑ 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)(x), 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: Patricia A. Smith secty 4-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)