

PROFIT CORPORATION ANNUAL REPORT 1995



Florida Department of Banking
 Barbara R. Matthews
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 442039

(4)

95 JUN 20 AM 10:56

1. Corporation Name

ANCHIS CORPORATION

Principal Place of Business

**820 W OAKLAND PARK BLVD
 FT LAUDERDALE FL 33311**

Mailing Address

**820 W OAKLAND PARK BLVD
 FT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1977019

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**

6. This corporation has liability for intangible tax under s. 100.032,
 Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

County

24

Zip

County

25

Zip

County

29

Zip

County

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPPOU CHRIST
 820 WEST OAKLAND PARK BLVD
 FT LAUDERDALE, FL
 33311**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SDT**
 NAME **PAPPOU, ANDREA**
 STREET ADDRESS **820 W OAKLAND PARK BLVD**
 CITY - ST - ZIP **FT LAUDERDALE, FL 00000**

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **PAPPOU, CHRIST**
 STREET ADDRESS **820 W OAKLAND PARK BLVD**
 CITY - ST - ZIP **FT LAUDERDALE, FL 00000**

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

☐ 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 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrea Pappou

ANDREA PAPPOU

6/15/95

305 566 7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number