

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561979 (6)

1. Corporation Name
THE ANSPACH EFFORT, INC.

Principal Place of Business Mailing Address
4500 RIVERSIDE DRIVE PALM BCH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/06/1978** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-1804024** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**NOWICKI, MARK J.
1155 U.S. HIGHWAY ON SUITE 302
W PALM BCH, FL
JUNO BEACH FL 33408**

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 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 PD	ANSPACH, JR., WILLIAM E.	1.1 TITLE C= CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANSPACH, JR., WILLIAM E.		1.2 NAME ANSPACH, JR., WILLIAM E.	
STREET ADDRESS 12158 EDGEWATER DR.		1.3 STREET ADDRESS 12158 EDGEWATER DR.	
CITY-ST-ZIP PALM BCH GARDENS FL		1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE SD	MCGRITY, AMY A.	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCGRITY, AMY A.		2.2 NAME C. DALE SHARROCK	
STREET ADDRESS 4500 RIVERSIDE DR		2.3 STREET ADDRESS 4500 RIVERSIDE DRIVE	
CITY-ST-ZIP PALM BCH GARDENS FL		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE TD	ANSPACH, THOMAS D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANSPACH, THOMAS D.		3.2 NAME	
STREET ADDRESS 4500 RIVERSIDE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL		3.4 CITY-ST-ZIP	
TITLE VP	ANSPACH, III, W. E.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANSPACH, III, W. E.		4.2 NAME	
STREET ADDRESS 4500 RIVERSIDE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH GARDENS FL		4.4 CITY-ST-ZIP	
TITLE V ADMINISTRATION	ELAINE K. BEERS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELAINE K. BEERS		5.2 NAME	
STREET ADDRESS 4500 RIVERSIDE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP	
TITLE V MARKETING/SALES	CHARLES E. MCGARRITY	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHARLES E. MCGARRITY		6.2 NAME	
STREET ADDRESS 4500 RIVERSIDE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		6.4 CITY-ST-ZIP	

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: Elaine K. Beers 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #