

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

FILED
Feb 08 1996 8:00 am
Secretary of State

DOCUMENT # **561979** (6)

1. Corporation Name
THE ANSPACH EFFORT, INC.



Principal Place of Business: **4500 RIVERSIDE DRIVE, PALM BCH GARDENS FL 33410 US**
Mailing Address: **4500 RIVERSIDE DRIVE, PALM BEACH GARDENS FL 33410-4309 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/06/1978**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-1804024**
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
**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 (81-85)
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: _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: C ANSPACH, JR., WILLIAM E.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12158 EDGEWATER DR.		1.2 NAME	
CITY-ST-ZIP: PALM BCH GARDENS FL		1.3 STREET ADDRESS	
TITLE: SD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME: MCGARRITY, AMY A.		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4500 RIVERSIDE DR		2.2 NAME	SD McGarrity, Amy A
CITY-ST-ZIP: PALM BCH GARDENS FL		2.3 STREET ADDRESS	4500 Riverside Drive
TITLE: TD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL
NAME: ANSPACH, THOMAS D.		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4500 RIVERSIDE DR		3.2 NAME	
CITY-ST-ZIP: PALM BCH GARDENS FL		3.3 STREET ADDRESS	
TITLE: VD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME: ANSPACH, III, W. E.		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4500 RIVERSIDE DR		4.2 NAME	
CITY-ST-ZIP: PALM BCH GARDENS FL		4.3 STREET ADDRESS	
TITLE: VD	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME: BEERS, ELAINE K.		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4500 RIVERSIDE DR		5.2 NAME	
CITY-ST-ZIP: PALM BEACH GARDENS FL		5.3 STREET ADDRESS	
TITLE: V	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME: MCGARRITY, CHARLES E.		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4500 RIVERSIDE DR		6.2 NAME	
CITY-ST-ZIP: PALM BEACH GARDENS FL		6.3 STREET ADDRESS	
TITLE: V	<input type="checkbox"/> DELETE	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 119.07(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 607, 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 - Vice President* 1/29/96 (407) 627-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)