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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33410-4235 US
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3. Date Incorporated or Qualified 03/06/1978	3a. Date of Last Report 02/08/1996
4. FEI Number 59-1804024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	C <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	4500 Riverside Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRITY, AMY A	2.2 NAME	McGarrity, Amy A.
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 Bch Gardens, FL 33410
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANSPACH, THOMAS D.	3.2 NAME	Wachter, William H.
STREET ADDRESS	4500 RIVERSIDE DR	3.3 STREET ADDRESS	4500 Riverside Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERS, ELAINE K.	5.2 NAME	Beers, Elaine K.
STREET ADDRESS	4500 RIVERSIDE DR	5.3 STREET ADDRESS	4500 Riverside Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRITY, CHARLES E.	6.2 NAME	
STREET ADDRESS	4500 RIVERSIDE DR	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 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 in an attachment with an address.

SIGNATURE: *Elaine K. Beers* 2/13/97 (561) 627-1080

CR2E034 (9/96)