

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/06/1978**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. 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: **KIM A. PRINE**
 82 Street Address (P.O. Box Number is Not Acceptable): **1900 PHILLIPS POINT WEST, 777 SOUTH FLAGLER DRIVE**
 84 City: **WEST PALM BEACH, FL** 85 Zip Code: **33401**

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: *Kim A. Prine* (6-9-98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSPACH, WILLIAM E. JR	1.2 NAME	
STREET ADDRESS	4500 RIVERSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRITY, AMY A.	2.2 NAME	
STREET ADDRESS	4500 RIVERSIDE DIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTER, WILLIAM H.	3.2 NAME	
STREET ADDRESS	4500 RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VD	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	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERS, ELAINE K.	5.2 NAME	
STREET ADDRESS	4500 RIVERSIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	V	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 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 on an attachment with an address.

SIGNATURE: *Elaine K. Beers* 6-30-98

CR2E034 (10/97)