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Feb 11, 1999 8:00am
Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 561979

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

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3. Date Incorporated or Qualified	03/06/1978
4. FEI Number	59-1804024
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PRINE, KIM A
1900 PHILLIPS POINT WEST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ANSPACH, WILLIAM E. JR	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGARRITY, AMY A.	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WACHTER, WILLIAM H.	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANSPACH, III, W. E.	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BEERS, ELAINE K.	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGARRITY, CHARLES E.	
STREET ADDRESS	4500 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: January 5, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)