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

DOCUMENT # **582116** **(0)**

1. Corporation Name

ANTHONY COMPANY

Principal Place of Business	Mailing Address
7813 N.W. 72 AVENUE MEDLEY FL 33166	7813 N.W. 72 AVENUE MEDLEY FL 33166

2. Principal Place of Business	2a. Mailing Address
21 8104 N.W. 105 Ave	26 8104 N.W. 105 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tamarac, FL.	City & State 28 Tamarac, FL.
Zip 24 33321 Country 25 USA	Zip 29 33321 Country 30 USA

3. Date Incorporated or Qualified: 08/14/1978
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-1834164 ☐ 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

9. Name and Address of Current Registered Agent

ONUSKA, STEPHEN T.
784 N.W. 11TH STREET
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name: E. Scott Allsworth
82 Street Address (P.O. Box Number is Not Acceptable): 177 SE 3 Ave.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33316-1197

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: E. Scott Allsworth 4-16-96
Signature, type or printed name of Registered Agent (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV MEGNA, ANTHONY F 8104 NW 105 AVE. TAMARAC FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RUBINO, JOHN 2235 POLK STREET HOLLYWOOD, FL 00000	☒ DELETE	21 TITLE ST 22 NAME Sapol, Diane 23 STREET ADDRESS 8104 N.W. 105 Ave. 24 CITY-ST-ZIP Tamarac, Fla. 33321-1116	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SAPOL, DIANE 8104 NW 105 AVE TAMARAC FL	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

600001791356
-04/23/96--01145--038
***200.00

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)(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: Anthony F. Megna, Pres 4/14/96 305-721-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCR1-23-96

CR2E034 (12/95)