FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **589909** **(1)**

1. Corporation Name
ANTL, INC.

Principal Place of Business	Mailing Address
~~915 NE 125TH ST~~ ~~N MIAMI FL 33161~~	~~915 NE 125TH ST~~ ~~N MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1978	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21): 4651 SHERIDAN STREET	2a. Mailing Address (26): 4651 SHERIDAN STREET
Suite, Apt. #, etc. (22): SUITE 355	Suite, Apt. #, etc. (27): SUITE 355
City & State (23): HOLLYWOOD, FLORIDA	City & State (29): HOLLYWOOD, FLORIDA
Zip (24): 33021 Country (25):	Zip (29): 33021 Country (30):
4. FEI Number: 59-1900558	☐ 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

BOWDEN, DAVID G.
~~915 N.E. 125TH ST.~~
~~N. MIAMI FL 33161~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4651 SHERIDAN STREET
83: SUITE 355
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	KEARNEY, MATTHEW B	12 NAME	
STREET ADDRESS	~~915 NE 125TH ST~~	13 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 355
CITY-ST-ZIP	~~N MIAMI, FL 00000~~	14 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021
TITLE	VAS	21 TITLE	☒ Change ☐ Addition
NAME	BOWDEN, D G	22 NAME	
STREET ADDRESS	~~915 NE 125TH ST~~	23 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 355
CITY-ST-ZIP	~~N MIAMI, FL 00000~~	24 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: David G Bowden VICE PRES. + ASST SEC'Y 4/26/95 (305) 981-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
DAVID G. BOWDEN

0175407 CP