

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 # **593469** (0)
1. Corporation Name
ANTICIPATION, INC.



Principal Place of Business: **3201 N ATLANTIC AVE COCOA BCH FL 32931**
Mailing Address: **3201 N ATLANTIC AVE COCOA BCH FL 32931**
79 Bream Ave. Okeechobee, FL 34974

3. Date Incorporated or Qualified: **11/16/1978**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-1866728**
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

2. Principal Place of Business
21. *Box 655 Hwy 78W Okeechobee, FL*
22. *Okeechobee, FL*
23. City & State
24. Zip: **34974**
25. Country: **USA**
26. Mailing Address
26. *79 Bream Ave.*
27. Suite, Apt. #, etc.
28. *Okeechobee, FL*
29. Zip: **34974**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**IRVIN, WILLIAM C
45 S ATLANTIC AVE
COCOA BEACH, FL
32931**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KABBOORD, DAVID W	
STREET ADDRESS	3201 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	IRVIN, WILLIAM C	
STREET ADDRESS	45 S ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH, F 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALTERS, JEAN E	
STREET ADDRESS	1011 CROCUS ST. N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(k), 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: *Jean Walters* **4/25/96 (407) 951-4211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)