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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	MENT # 685087 I ANDERSON ASSOCIATES	• •			1 (80)/FD 8/H31 (8/8/ 04/H) 80/H1 18/H1 18/H1 18/H1	RIJAH BIRNI BIRNI BIRNI BIRNI BIRNI BIRNI BIRNI	
Principal Place of Business Mailing Address							
3121 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082 US		3121 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082-4535 US					
		•			3. Date Incorporated or Qualified 08/22/1980	3a. Date of Last Report 03/08/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied Fo	or	
21		26		<b>59-2016254</b> Not Applicable			
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Ślatus Desired	\$8.75 Additions	al	
City 9 Circle		City & State					
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	,	
Zip Country		Zip Country		У	8. This corporation has liability for intangible tax under s. 199.032,		2.
24			30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
AND	ERSON, WARREN K		8	1 Name			
3121 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082			8	2 Street Add	ress (P.O. Box Number is Not Acceptate	le)	
PUN	IE VEDNA DEACH PL 32002		8:	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant office or reagent. La	Waves 16 102	rollson			poration submits this statement for the partion's board of directors. I hereby acceptions	ourpose of chariging its register to the appointment as register BRUHM 199	ered ed
40	Signature, typed or printed name of registered as	permand alle if applicable (N ND DIRECTORS	IOTE Registered A	gent signature requ	ADDITIONS/CHANGES TO OFFIC	DAIR	
<b>12.</b> TITLE	P DELETE		1.1 TITLE		71551110110[0] [11111020 10 0] <u>111</u>	☐ Change ☐ Ad	
NAME	ANDERSON, WARREN K		1.2 NAM	.			
STREET ADDRESS	3121 S. PONTE VEDRA BLVD	•	1.3 STRE	e1 address			
C-TY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CiTY	ST-ZIP			
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CITY-ST-ZIP			4.4 CITY	-S1 - ZIP			
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NAME CEDELL ADUBLIC			6.2 NAM 6.2 S106	E1 ADDRESS			
STREET ADDRESS				- ST - 7IP			

14. I do 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.

FEBRUARE 1 1667 (904) 824-7732

**FILED** 

Feb 18 1997 8:00am

Secretary of State