## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am Secretary of State F0000003107 DOCUMENT # 1. Entity Name 05-16-2002 90003 015 \*\*\*150.00 AAANCHOR HOLDING CORP. Principal Place of Business Mailing Address 7301-A WEST PALMETTO PARK RD. STE 301C 7301-A WEST PALMETTO PARK RD. STE 301C **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 22449 Martella Are 3. Mailing Address Mratella Are Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Boca LA Sity & State Applied For 4. FEI Number 58-1544316 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHELAN, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 22449 MARTELLA AVENUE **BOCA RATON FL 33433** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE PHELAN, MICHAEL P NAME 22449 MARTELLA ME 7301 A WEST PALMETTO PK RD, STE 301C STREET ADDRESS STREET ADDRESS BOCA RAFON FC 33433 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE CAPARROS, JOSEPH F NAME NAME 7301 A WEST PALMETTO PK RD, STE 301C STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or on an attachment with an address, with all other life the property of the chapter of the corporation of the receiver of trustee empower of the receiver of the chapter of the chapter

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hayloz 561 483-