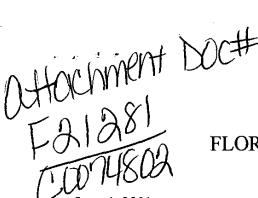
2001 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2001 8:00 am Secretary of State DOCUMENT # F21281 1. Entity Name NASON ASSOCIATES, INC. 08-07-2001 90007 049 ***150.00 Principal Place of Business Mailing Address 805 NE 4TH AVE (FT. LAUD, FL. 33304) 906 NE 4TH AVE (FT. LAUD. FL. 33304) P.O. BOX 6825 P.O. BOX 6825 HOLLYWOOD FL 33081 HOLLYWOOD FL 33081 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2074250 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent. Name JAMIESON, LIGIA Street Address (P.O. Box Number is Not Acceptable) 805 NE 4 AVE FT. LAUDERDALE FL 33304 City Zip Code 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 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Delete ☐ Change me TITLE JAMIESON, LIGIA NAME NAME 805 NE 4TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE LYNN JAMIESON NAME NAME 805 NE 4TH AVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-71P CITY-ST-7IP Delcte ____ -IIILE, Change. Addition_ TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE & TITLE Delete Change, □ Addition NAME NAME TO SE av. šrag STREET ADDRESS STREET ADDRESS -3 317 CITY-ST-7/P CITY-ST-ZIP Change (Addition TITLE _tiné madalaries? " NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP I hereby certify that the information indicated on this report or support of the corporation or the received. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal elfect as if made under oath; that I am an officer or director bort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

FILED





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

ANICORP, INC. 805 NE 4TH AVENUE FT. LAUDERDALE, FL 33304

Subject: ANICORP, INC.

Reference

L35235

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION