

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F48919** (7)
1. Corporation Name
A.N.F. & ASSOCIATES, INC.



Principal Place of Business
**120 S.W. 33 AVENUE
MIAMI FL 33135-1133**

Mailing Address
**%CECIL GOFF
941 TANGLEWOOD CR
WESTON FL 33327
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Cecil Goff Suite, Apt. #, etc. 22 941 Tanglewood Cir City & State 23 Weston FL Zip 24 33327		2a. Mailing Address 26 %CECIL GOFF Suite, Apt. #, etc. 27 941 Tanglewood Cir City & State 28 Weston FL Zip 29 33327 Country 30 USA		3. Date Incorporated or Qualified 10/30/1981	
		4. FEI Number 59-2428053		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FAYAD, AFIF 120 SW 33 AVE. MIAMI FL 33134		10. Name and Address of New Registered Agent 81 Name FAYAD, AFIF 82 Street Address (P.O. Box Number is Not Acceptable) 1541 Elm Grove Road 83 Weston, FL 84 City Weston, FL 85 Zip Code 33327	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FAYAD, AFIF	1.2 NAME	FAYAD, AFIF
STREET ADDRESS	120 SW 33 AVE.	1.3 STREET ADDRESS	1541 Elm Grove Road
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Weston, FL 33327
TITLE	TD	2.1 TITLE	TD
NAME	FAYAD, ESTER E	2.2 NAME	FAYAD, ESTHER E
STREET ADDRESS	120 SW 33 AVE.	2.3 STREET ADDRESS	1541 Elm Grove Road
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Weston, FL 33327
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 incorporator 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: **AFIF FAYAD** 4/24/98 (809) 792-5002

CR2E034 (10/97)