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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F48919

Corporation Name

A.N.F. & ASSOCIATES, INC.

FILED							
Mar 22, 1999 8:00 am	ì						
Secretary of State							
03-22-1999 90128 023 ***150.00							

a kadakada anna dinada kasha abada annada hada dinbeka dindik dindik dindik dindik dindik dindik dindik dindik

Principal Place of Business	Mailing Address				ILI DIBIL GIBIL D		
C/O CECIL GOFF %CECIL GOFF .							
941 TANGLEWOOD CIR	941 TANGLEWOOD CR						
WESTON FL 33327	ESTON FL 33327 WESTON FL 33327			DO NOT WRITE IN THIS SPACE			
U\$ U\$			3. Date Incorporated or Qualifed				
				10/30/1981			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21	26			59-2428053		nt Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- ·	5. Certificate of Status Desired	-\$8.75 A		
22	City & State						
City & State	— <u> </u>			6. Election Campaign Financing	\$5.00 Added t		
Zip Country	28	Country	-	Trust Fund Contribution		io rees	
- · - ·	29 30	- 1		 This corporation owes the current year Inta Personal Property Tax. 	∏ Yes	□No.	
9. Name and Address of Cu		<u>'</u>		10. Name and Address of New Registered A			
3. Italiio diid Addiess of ou	Tront I togistores rigorit	81	Name	70.	<u> </u>		
FAYAD, AFIF		<u> </u>				<u>_</u> _	
1541 ELM GROVE RD		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
WESTON FL 33327		83	 				
			L				
		84	City	FL	85 Zip (Code	
14 Pursuant to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	the above	e-named cor	rporation submits this statement for the ourpose of (hanging its	registered	
office or registered agent, or both, in the St	tate of Florida. Such change was auth	orized by	the corporat	tion's board of directors. I hereby accept the appoin	tment as re	gistered	
agent. I am familiar with, and accept the ob	oligations of, Section 607.0505, Florida	Statutes	•	·		.	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Rec	gistered Ager	nt signature requi	red when reinstating) DATE			
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME FAYAD, AFIF		1.2 NAME)	•		ì	
STREET ADDRESS 1541 ELM GROVE RD		1.3 STREET	T ADDRESS			- 1	
CITY-ST-ZIP WESTON FL 33327		1.4 CITY+S	T-ZIP			j	
TITLE 1D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME FAYAD, ESTHER E		2.2 NAME					
STREET ADDRESS 1541 ELM GROVE RD		2.3 STREET	TADDRESS .			ļ	
CITY-ST-ZIF ² WESTON FL 33327	. to the second of the second	2. 4 CITY-S	ST-ZIP	emergency of the second of the second	-		
TITLE V/D José Angel NAME STREET ADDRESS STREET ADDRESS	Mederns DELETE	3.1 TITLE			☐ Change	Addition	
NAME JOSE HINGEL	1 Julian	3.2 NAME				}	
STREET ADDRESS 38444 ROUGL	LANE	3.3 STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP Lake Ridge,	VH 50114	3.4. CITY-S	iT-ZIP				
THE SPO Leslie Nida	Mada DELETE	4.1 TITLE			☐ Change	Addition	
NAME 2241	Laure	4. 2 NAME					
NAME STREET ADDRESS CITY-ST-ZIP, Lake Ridge,	111 22 197	4.3 STREET	T ADDRESS			į	
CITY-ST-ZIP Lake Kiege,	V4 22112	4.4 CITY-S	T-ZIP			}	
TIME V/D David Farid NAME 3844 Koval STREET ADDRESS Lake Ridge,	Fayad DELETE	5.1 TITLE			Change	Addition	
NAME 3044 Koush	Lane	5.2 NAME					
STREET ADDRESS 12 2 Ridge	UA 22 192	5.3 STREET	r address			}	
CITY-ST-ZIP		5.4 CITY-S	T-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME .		6.2 NAME					
STREET ADDRESS	i	6.3 STREET	TADORESS			ļ	
CITY-ST-ZIP		6.4 CITY-S	T-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 (703)897-1331

CR2F034 (11/98)