SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F60117

(1)

ANTHONY CUSTOM CONTROLS, INC.

FILED Sep 22 1997 8:00am Secretary of State

Principal Plac	e of Rusiness	Mailing Address					
, ·							
		6888 SILVER STAR ROAD ORLANDO FL 32818-1492-					
1					DO NOT WRITE IN THIS SPACE		
ĺ	- 1 70	4,			3. Date incorporated or Qualified	3a, Date of Last R	
					01/01/1982	<u> </u>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		optied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2159849	- \$8.75 A	ot Applicable
22					5. Certificate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May 8e
23		28			Trust Fund Contribution	Added 1	
		Country		8. This corporation owes or has paid			
24 32818	_ 3 1 9 3 25 9. Name and Address of Curren	<u> ²⁹ 32818-3193 ³⁰ </u>	L ,		Personal Property Tax due June 3		_ No
		t Hegistered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
ANTHONY, WILLIAM 7232 GRAY SHADOW COURT ORLANDO FL 32818							
			82 Street Address (P.O. Box Number is Not Acceptable)				
Į On	DANDO FL SZOIB		83				
				O:4-			
			84	City		FL 85 Zip (Code
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered ago OFFICERS AND		gistered Agen	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	29 IN 12
TITLE	POT	DELETE	1.1 TITLE			Change	Addition
NAME	A A DELLA COLLA CARLA CARLA		1.2 NAME	} ,	PD	72	,
STREET ADDRESS	4444 401 400 401 401		1.3 STREET A	ADORESS			
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY - ST	- Z(P			
TITLE	VDS	☐ DELETE	2.1 TITLE	7	VD	Change	Acdition
NAME			2.2 NAME				į
STREET ADDRESS	***************************************		2.3 STREET A	ADDRESS			
CITY-ST-ZIP			2.4 CHY-ST			[] Observe	al Addition
TITLE		-	3.1 TITLE		ST	Change	Addition
NAME STORES ADDORESS			3.2 NAME 3.3 STREET A		ANTHONY, WILLIAM D	J.	
STREET ADDRESS CITY-ST-ZIP					658 SHERWOOD CT	FL 32701	
TITLE		DELETE	3.4. CITY - ST 4.1 TITLE	i-cir /	ALTAMONTE SPRINGS	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST				1
TITLE		DELETE	5 1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	l e	ļ	5.3 STREET A	ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST	- ZIP			
TOTLE 2	3.4	DELETE	6.1 TITLE	T -		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY-ST-ZIP			64 CHY-SE	-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 attact yield with an address.

MITTIAM ANTHONY

29/697 US

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