

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:19

DOCUMENT # F93000005248 (0)

1. Corporation Name
ANEJO, INC.

Principal Place of Business: **5 HARBOR POINT LEWES DE 19958**
Mailing Address: **5 HARBOR POINT LEWES DE 19958**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1993** 3a. Date of Last Report: **02/01/1994**
4. F.I.L. Number: **65-0439753** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. #, etc.: State, Apt. #, etc.:
22 27
City & State: City & State:
23 28
Zip: Country: Zip: Country:
24 25 29 30

9. Name and Address of Current Registered Agent
**DAVIS, WILLIAM S CAPTAIN
SAILFISH MARINA
98 LAKE DRIVE/ P.O. BOX 10848
PALM BEACH SHORES FL 33419**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
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 and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCSD
NAME	FISCHER, RICHARD S
STREET ADDRESS	5 HARBOR POINT
CITY, ST, ZIP	LEWES DE 19958
TITLE	T
NAME	FISCHER, RICHARD S
STREET ADDRESS	5 HARBOR POINT
CITY, ST, ZIP	LEWES DE 19958
TITLE	V
NAME	DAVIS, WILLIAM S
STREET ADDRESS	1818 MIDDLETON WAY
CITY, ST, ZIP	WEST PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and true, and equally for the foregoing stated on January 1, 1997/1998, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee or assignee of this corporation or that my signature shall have the same legal effect as if made under oath appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard S. Fischer* **2-8-95** **302/645-9751**
NAME OF SIGNER (OFFICER OR DIRECTOR) DATE TELEPHONE NUMBER