

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005248 (0)**

1. Corporation Name
ANEJO, INC.



2. Principal Place of Business

**5 HARBOR POINT
LEWES DE 19958**

2a. Mailing Address

**5 HARBOR POINT
LEWES DE 19958**

3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **02/14/1995**

21. State of Incorporation

26. State of Mailing Address

4. FEI Number **65-0439753** Applied For Not Applicable

22. **P.O. Box 275**
City & State

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City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **Lewes, Delaware**
City & State

28. **Lewes, Delaware**
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **19958** 25. **Sussex**

29. **19958** 30. **Sussex**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, WILLIAM S CAPTAIN
SAILFISH MARINA
98 LAKE DRIVE/ P.O. BOX 10848
PALM BEACH SHORES FL 33419**

81 Name
82 Street Address (P.O. Box Numbers NOT Acceptable)
83
84 City
85 Zip Code **FL**

11. I, the undersigned, president of the corporation, hereby certify that 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 607.03, Florida Statutes.

SIGNATURE

Full Name, Age, Occupation, and Date of Birth

DATE

12. OFFICERS AND DIRECTORS	
NAME	PCSD FISCHER, RICHARD S 5 HARBOR POINT LEWES DE 19958
TITLE	T
NAME	FISCHER, RICHARD S 5 HARBOR POINT LEWES DE 19958
TITLE	V
NAME	DAVIS, WILLIAM S 1818 MIDDLETON WAY WEST PALM BEACH FL 33409
TITLE	
NAME	
TITLE	
NAME	
TITLE	
NAME	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PCSD Fischer, Richard S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 275
CITY, STATE, ZIP	Lewes, DE 19958
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, Richard S.
STREET ADDRESS	P.O. Box 275
CITY, STATE, ZIP	Lewes, DE 19958 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	

14. I, the undersigned, certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am a officer or director of the corporation and the registered agent 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 of this report in the following order with an address:

SIGNATURE: *Richard S. Fischer*
Richard S. Fischer, President

2-6-96 302-645-9751

CR2E034 (12/95)