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

PROFIT CORPORATION ANNUAL REPORT

1997



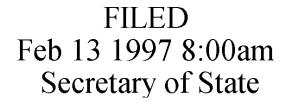
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9300005914 (7)

ANMARAN LIMITADA INC.



2329 N. WATERS EDGE P.O. E		Mailing Address P.O. BOX 187 CRYSTAL RIVER FL 34423-01	87		
				<ol> <li>Date Incorporated or Qualified 12/29/1993</li> </ol>	3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address 26 PO Boy 76	<b>フ</b>	4. FEI Number	94,352 Applied For Not Applicable
Suite, Apt.	# ptc	26 7 0 Box /6 Suite, Apt. #, etc.	<u> </u>	- <del>200 02 10400</del> 0 2 7	
22	π, σιο	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del> </del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 LADY LAKE	, MA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	[25]	29 32/38 30	LAKE_	Florida Statutes	Yes No
4.0=	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
Authorit II. IAMILIA, I					
2329 N. WATERS EDGE CRYSTAL RIVER FL 34428			Street Addr	ress (P.O. Box Number is Not Accept	able)
On	STAL RIVER PL 34420		83		
			84 City		FL  85   Zu Cod > 9
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	The training that all descript the oring	51.5 1.5 51, 5551.61. 557.5555. 1 151.5	a diameter.		
	Signature, typed or purited name of registered age	ent and title if applicable (NOTE: B	og stered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
TITLE	M ANTHONIV TANKIED C	☐ DELETE	1.1 TITLE		L_J Change L_J Addition   2
NAME	ANTHONY, TANNER C		1.2 NAME		[5]
STREET ADDRESS	2329 N. WATERS EDGE CRYSTAL RIVER FL 34429		1.3 STREET ADDRESS		
CITY - ST - ZIP	M	☐ DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	MARLER MVNSEY TANNER	☐ OELETE	2.1 TITLE		ChangeAddition
NAME	2329 N. WATERS EDGE		2 2 NAME		
STREET ADDRESS CITY+ST-ZIP	CRYSTAL RIVER FL 34429		2.3 STREET ADDRESS		
TITLE		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELÉTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 if in an attachment with an address.