

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000004352 (0)**

1. Corporation Name

**ANTHONY ASSOCIATES OF GEORGIA, INC.**



Principal Place of Business

**2929 E. COMMERCIAL BLVD.  
SUITE 500  
FT. LAUDERDALE FL 33308**

Mailing Address

**2929 E. COMMERCIAL BLVD.  
SUITE 500  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business		2a. Mailing Address	
21 3020 NW 33 <sup>rd</sup> AY	26 3020 NW 33 <sup>rd</sup> AY		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 100	27 100		
City & State		City & State	
23 FT. LAUDERDALE, FL		28 FT. LAUDERDALE, FL	
Zip	Country	Zip	Country
24 33311	25 USA	29 33311	30 USA

3. Date Incorporated or Qualified <b>08/22/1994</b>	3a. Date of Last Report <b>09/29/1995</b>
4. FEI Number <b>58-1893998</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEATTY, SUSAN  
2929 E. COMMERCIAL BLVD.  
SUITE 500  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3020 NW 33<sup>rd</sup> AV</b>
83	<b>SUITE 100</b>
84 City	<b>FT. LAUDERDALE FL</b>
85 Zip Code	<b>33311</b>

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JODOIN, KIMBERLY A</b>	1.2 NAME	
STREET ADDRESS	<b>1513 SW 5TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCISCENT, VERDI I</b>	2.2 NAME	
STREET ADDRESS	<b>4100 GALT OCEAN DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENTING, LUELLA M</b>	3.2 NAME	
STREET ADDRESS	<b>4100 GALT OCEAN DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JODOIN, FRANK A</b>	4.2 NAME	
STREET ADDRESS	<b>1513 SW 5TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-938-9999**

CR2E034 (12/95)