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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004352 (0)

1. Corporation Name
ANTHONY ASSOCIATES OF GEORGIA, INC.



Principal Place of Business
3020 NW 33RD AV
SUITE 100
FT. LAUDERDALE FL 33311
US

Mailing Address
3020 NW 33RD AV
SUITE 100
FT. LAUDERDALE FL 33311-1106
US

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 1400 E. Oakland PK Blvd

2a. Mailing Address

26 1400 E. Oakland PK Blvd

4. FEI Number
58-1893998

Applied For
Not Applicable

22 Suite, Apt. #, etc.
204

27 Suite, Apt. #, etc.
204

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

23 City & State
Ft. Lauderdale FL

28 City & State
Ft. Lauderdale FL

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

24 Zip
33334

25 Country
USA

29 Zip
33334

30 Country
USA

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

9. Name and Address of Current Registered Agent

BEATTY, SUSAN
3020 NW 33RD AV
SUITE 100
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
D'Avanzo, Stefanie
82 Street Address (P.O. Box Number is Not Acceptable)
1400 E. Oakland PK Blvd
83 # 204
84 City
Ft. Lauderdale FL 85 Zip Code
33334

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
Stefanie D'Avanzo

(NOTE: Registered Agent signature required when reinstating)

DATE
2/5/97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	JODOIN, KIMBERLY A	
STREET ADDRESS	1513 SW 5TH STREET	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCISCENT, VERDI I	
STREET ADDRESS	4100 GALT OCEAN DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENTING, LUELLA M	
STREET ADDRESS	4100 GALT OCEAN DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JODOIN, FRANK A	
STREET ADDRESS	1513 SW 5TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)