

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001170 (8)**

1. Corporation Name

**A N A INTERNATIONAL LTD COMPANY**

Principal Place of Business

**A N A HOUSE, AVIATION COURT  
GATWICK ROAD  
CRAWLEY, WEST SUSSEX RH102RJ**

Mailing Address

**A N A HOUSE, AVIATION COURT  
GATWICK ROAD  
CRAWLEY, WEST SUSSEX RH102RJ**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1995**

4. FEI Number

**NOT APPLICABLE**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**PHIPPS, TERRY  
2466 W SANDLAKE RD  
ORLANDO FL 32809**

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 607.0602 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

*Terry Phipps*

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D THOMPSETT, PHILIP J**  
STREET ADDRESS **HIGHFIELD HOUSE, THE WEDGES**  
CITY-ST-ZIP **ITCHINFIELD WE**

TITLE ☐ DELETE

NAME **D THOMPSETT, PHILIP J**  
STREET ADDRESS **CAPRICORN, HOPHURST LANE**  
CITY-ST-ZIP **WEST SUSSEX ENGLAND**

TITLE ☐ DELETE

NAME **D KING, ANDREW J**  
STREET ADDRESS **21 MANOR DRIVE**  
CITY-ST-ZIP **CUCKFIELD, WEST SUSSEX**

TITLE ☐ DELETE

NAME **D LESLIE, ANDREW G**  
STREET ADDRESS **'CHAMPETRE', THE HAVEN,**  
CITY-ST-ZIP **BILLINGSHURST, WEST SUSSEX**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE:

*A. Leslie*

**A. LESLIE 26 FEB 98 44 1293 547737**

CR2E034 (10/97)