SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED
97 AUG 18 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000003442 (8)**

1. Corporation Name
ANTHONY'S ENTERPRISES INC.

Principal Place of Business	Mailing Address
2809 N OAKLAND FOREST DR OAKLAND PARK FL 33309	2809 N OAKLAND FOREST DR OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 650520709 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

A

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 607.0502 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 ANTHONY R. MEURER PRESIDENT 7-22-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CABANAS, CARLOES 19490 CAROLINA CIR DEERFIELD BCH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MEURER, ANTHONY R 2809 N OAKLAND FOREST DR OAKLAND PARK FL 33309	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NEW ADDR 2773 N.E 15th St POMPANO BEACH FLA. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MEURER, RAY 2809 N OAKLAND FOREST DR OAKLAND PARK FL 33309	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002271539--6 -08/19/97--01075--012 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEISLO, JUDI 760-102 TIVOLI CIR DEERFIELD BCH FL 33308	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 8/18/97

CR2E034 (4/97)

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 on an attachment with an address.

(2)

Anthony's Enterprises, Inc.
(dba) All Surface Restorations & Preservations
2809 N. Oakland Forest Dr. Unit 101 Oakland Park, FL 33309
(954) 984-9853 Fax:(954) 739-1930 FL 1-800-512-6831

7.23.97

TO WHOM IT MAY CONERN:

I REGRET THE UNTIMELY FILEING OF OUR CO'S ANNUAL REPORT. THERE WAS SOME CONFUSION ABOUT OUR PHYSICAL ADDRESS APPARENTLY + ANOTHER FRACTIONALLY ASSCOIATED MISUNDERSTANDING WITH REGARD TO OUR REGISTERED AGENT, THIS MAY HAVE BEEN RESPONSIBLE FOR THE DELAY. WE HOPE THAT THIS CAN BE FORGIVEN I WE ASK THAT THE ORIGINAL AMOUNT FOR FILEING WITH FEE WILL BE RECONSIDERED

THANKYOU FOR YOUR PATIENT'S IN THIS MATTER.

RESPECTFULLY YOUR'S

OWNER PRESIDENT ANTHONY P. MEURER

Anthony P Meurer