

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003960 (9)

1. Corporation Name
ANNA K CONSULTING CORP.



Principal Place of Business

Mailing Address

C/O NILS ARVIDSON
8215 ROLLA COURT
ORLANDO FL 32836

C/O NILS ARVIDSON
8215 ROLLA COURT
ORLANDO FL 32836-8738

3. Date Incorporated or Qualified 08/05/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3064497
Applied For Not Applicable

21 15307 Amberly Drive

25 Suite, Apt. #, etc.

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

22 # 401

27 City & State

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

23 TAMPA, FL

28 City & State

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

24 33647

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARVIDSON, NILS
8215 ROLLA COURT
ORLANDO FL 32836

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 (Print name, title, and address of the registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCDT	<input type="checkbox"/> DELETE
NAME	ARVIDSSON, NILS A	
STREET ADDRESS	8215 ROLLA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ARVIDSSON, WIM A	
STREET ADDRESS	8215 ROLLA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(j), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Nils A. Arvidsson* NILS A. ARVIDSSON 3-15-1997 (407) 352 7257
Date Daytime Phone #

CR2E034 (9/96)