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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G06868

DOCUMENT # GOE 1. Corporation Name ANCHOR FINANCIAL GROUP	6868 (5) P, INC.		I NARAWA ARKI ARKIA AKKAI AKKAI AKKAI		
Principal Place of Business	Mailing Address				
SUITE 201	C/O RICHARD T SOPHER 126 CORAL CAY DR. PALM BCH GARDENS FL 33418		Date Incomporated or Qualified	3a. Date of Last Report	
	U\$	03		04/20/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite Act # etc-	26 Suite, Apt. #, etc.	····	59-2839890	Not Applicable	
22 # 500	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 PALM BEALT GAR	City & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
ZIP 22 410 Country	Dank Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032, s	
9. Name and Address of	Current Registered Agent	[30]	Florida Statutes Ye 10. Name and Address of New		
		81 Name			
SOPHER, RICHARD T		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
126 CORAL CAY DR.					
PALM BEACH GARDENS FL 3341	8	83			
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 60 or registered agent, or both, in the State familiar with, and accept the obligations	07.0502 and 607.1508, Florida Statute of Florida, Such change was authorize of, Section 607.0505, Florida Statutes	es, the above named corporation's bo	oration submits this statement for the p ard of directors. Thereby accept the ap	urnose of changing its registered office	
SIGNATURE					
Signar os hyped or prints/ name of regist 12. OFFICE	Resource (NO DIRECTORS)	 Angestered Agent signature requirement 13. 		DATE FICERS AND DIRECTORS IN 12	
TITLE PSD	DELETE	1 1 TUTE	ALZITIONS OF ANCES TO OF	Change Addition	
NAME SOPHER, RICHARD T	ESS 126 CORAL CAY DR.				
CITY-ST-ZIP PALM BEACH GARDEN	N FL 33418	14 CHY+ST-ZIP 2 1 TITLE		Charac El Additos	
NAME		2.1 MILE 2.2 NAMÉ		☐ Change ☐ Addition	
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY - ST - ZIP			
TITLE	☐ DELETE	3 1 TIFLE		Change Addition	
NAME		3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	3 4 CITY - S1 - ZIP 4 1 TITLE		Change Addition	
NAME	Name of	4 2 NAME		_ a	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP	To per each	4 4 CITY - ST- ZIP			
TITLE NAME	☐ DELETE	5 1 TITLE		Change Addition	
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	☐ DELETE	6 1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS	Λ	6.3 STREET ADDRESS			
City-St-ZiP	molled with this I no is voluntarily furni	\$4.01Y-S1-ZIP	for the exemption stated in Section 11	9.07/3/W. Florida Statutas I further	
certify that the information indicated on the oath; that I am an officer or director of the appears in Block 12 or Block 13 if change	his annut report or supplemental annu- ie corporation of the receiver or trustee	ual report is true and accur e empowered to execute the	ate and that my signature shall have th nis report as required by Chapter 607, I	e same legal effect as if made under Florida Statutes; and that my name	
SIGNATURE:	TYPE O PRINTED NAME OF IGNING OFFICE	R OR DIRECTOR	4/12/96	407-625-0067	