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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90024 050 ***150.00

DOCUMENT #	G40752
1 Corporation Name	

. Corporation Name

ANAPA CORPORATION

Principal Place of Business Mailing Address							
P.O. BOX 2445 VERO BEACH FL 32961	849 20TH STREET VERO BEACH FL 32960 US			DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed 05/24/1983			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21	26	26		59-2297545	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	- 1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be -Added to Fees		
Zip Country	Zip 29	Cour 30	ntry	This corporation owes the current year I Personal Property Tax.	ntangit e ☑ Yes ☐ No		
9. Name and Address of Cur			-	10. Name and Address of New Registere	d Agent		
FENNELL, DARRELL			81 Name				
979 BEACHLAND BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)				
VERO BCH. FL 32963			83				
		-	84 City	F	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rea	stered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DPS DELE		1.1 TITLE		<u> </u>	☐ Change	Addition
NAME	LAZAR, WERNER		1.2 NAME	•			
STREET ADDRESS	979 BEACHLAND BLVD.	- 1	1.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP				
TITLE	Ţ □ DELI	ETE	2.1 TITLE			☐ Change	Addition
NAME	LAZAR, WERNER		2.2 NAME				ļ
STREET ADDRESS	979 BEACHLAND BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-ST-ZIP				<u> </u>
TITLE	AT DELI	ETE	3.1 TITLE		- · ·	Change	☐ Addition
NAME	NEUHAUSER,ERNEST P(A/T)		3.2 NAME				
STREET ADDRESS	855A 11 TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL]	3.4. CITY-ST-ZIP				
TITLE	☐ DELI	ETE	41 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS		- 1	4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	DELI	ETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS		l	5.3 STREET ADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	☐ DELE	ETE	6.1 TITLE			☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				ĺ
CITY-ST-ZIP		ŀ	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, with all other like empowered.

SIGNATURE: EMEST P NEUHAUSER 1/19/99 561-567-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desylma Phone #

R2E034 (11/98)