FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:11

DOCUMENT # H14916 (1)

1. Corporation Name
ANCONA LTD., INC.

Principal Place of Business
158 FARMBROOK ROAD
HARBOUR OAKS FL 32127-6243

Mailing Address
158 FARMBROOK ROAD
HARBOUR OAKS FL 32127-6243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1984
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2432233 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

ANCONA, VINCENT J
1018 STONYUBROOK CIRCLE
~~SUITE 5~~
PORT ORNAGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1018 STONYBROOK CIRCLE
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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	[ ] Change [ ] Addition
NAME	ANCONA, LEONARDO	1 2 NAME	
STREET ADDRESS	158 FARMBROOK ROAD	1 3 STREET ADDRESS	
CITY-ST-ZIP	HARBOR OAKS FL	1 4 CITY-ST-ZIP	
TITLE	ST	2 1 TITLE	[ ] Change [ ] Addition
NAME	ANCONA, IDA	2 2 NAME	
STREET ADDRESS	158 FARMBROOK ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	HARBOR OAKS FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ida Ancona IDA ANCONA 2/22/95 904-767-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000005 CP