FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H26592** **(6)**

1. Corporation Name

AN-SCA INVESTMENT CO., INC.

Principal Place of Business	Mailing Address
8729 VIA GIULIA **BOCA RATON FL 33496**	**8729 VIA GIULIA** **BOCA RATON FL 33496**

	2. Principal Place of Business	2a. Mailing Address
21	8273 Via Di Veneto	26 8273 Via Di Veneto
Suite, Apt. #, etc	22	27
City & State	23 Boca Raton FL	28 Boca Raton, FL
Zip	24 33496-1907	29 33496-1907
Country	25 Palm Beach	30 Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1984	**05/01/1995**

4. FEI Number: **59-2489966** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCARDINA, ANGELO
9152 LONG LAKE PALM DRIVE
BOCA RATON FL 33496

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 _____ (NOTE: Registered Agent Signature Required When Applicable) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCARDINA, CHARLES		1.2 NAME	
STREET ADDRESS	8729 VIA GIULIA		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAMZI, AKEL		2.2 NAME	
STREET ADDRESS	8729 VIA GIULIA		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAMZI, CATERINA		3.2 NAME	
STREET ADDRESS	8729 VIA GIULIA		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			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			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: _____ 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)