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Apr 24 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 # H28112 (1)  
1. Corporation Name  
ANSORG ENTERPRISES, INC.



Principal Place of Business: ROYAL PALM PLAZA, 195 PATIO DE FUENTE, #33, BOCA RATON FL 33432, US

Mailing Address: ROYAL PALM PLAZA, 195 PATIO DE FUENTE, #33, BOCA RATON FL 33432-4905, US

3. Date Incorporated or Qualified: 10/31/1984  
3a. Date of Last Report: 04/10/1996

4. FEI Number: 59-2459782  
Applied For: Not Applicable

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

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

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

2. Principal Place of Business: 712 E. PALMETTO PARK RD, BOCA RATON, FL, 33432, U.S.A.

2a. Mailing Address: 712 E. PALMETTO PARK RD, BOCA RATON, FL, 33432, U.S.A.

9. Name and Address of Current Registered Agent: ROYAL PALM PLAZA, 195 PATIO DE FUENTE, #33, BOCA RATON FL 33432

10. Name and Address of New Registered Agent: MICHAEL ANSORG, 712 E. PALMETTO PARK RD, BOCA RATON, FL, 33432

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: *Michael Ansorg* MICHAEL ANSORG 2/18/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANSORG, MICHAEL P.	
STREET ADDRESS	195 PATIO DE FUENTE, #33	← change of address
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANSORG, PATRICIA M.	
STREET ADDRESS	195 PATIO DE FUENTE #33	← change of address
CITY-ST-ZIP	BOCA RATON 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANSORG, MICHAEL P.	
1.3 STREET ADDRESS	712 E. PALMETTO PK RD	← change of address
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANSORG, PATRICIA M.	
2.3 STREET ADDRESS	712 E. PALMETTO PK RD	← change of address
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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)(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.

SIGNATURE: *Patricia Ansorg* PATRICIA ANSORG 2/18/97 (561) 361-0690

CR2E034 (9/96)