

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90040 007 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H37288**

1. Corporation Name  
**ANRO ENGINEERING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1800 SECOND STREET SUITE 878 SARASOTA FL 34236 US**

Mailing Address  
**1800 SECOND STREET SUITE 878 SARASOTA FL 34236 US**

3. Date Incorporated or Qualified  
**01/09/1985**

4. FEI Number  
**04-2714072**

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

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

9. Name and Address of Current Registered Agent  
**ROSS, VIVIAN I.  
 455 LONGBOAT CLUB RD PH1  
 LONGBOAT KEY FL 34228**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, GERALD F.	
STREET ADDRESS	455 LONGBOAT CLUB RD PH1	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, VIVIAN I.	
STREET ADDRESS	455 LONGBOAT CLUB RD PH1	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, WALTER K.	
STREET ADDRESS	7709 HAMILTON SPRING RD.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, BARBARA	
STREET ADDRESS	7709 HAMILTON SPRING RD.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTON, DAVID K.	
STREET ADDRESS	180 PROSPECT HILL RD.	
CITY-ST-ZIP	HARVARD MA 01451	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HINKLEY, CATHERINE	
STREET ADDRESS	21 ZINA ROAD	
CITY-ST-ZIP	HUDSON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	see attached.
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 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: \_\_\_\_\_ DATE: **3/15/99** DAYTIME PHONE #: **978-897-2601**

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ANRO ENGINEERING, INC

04-2714072

03/12/99

01:10 PM

9. NAMES AND ADDRESSES OF OFFICERS & DIRECTORS:

PRESIDENT: LEE R. CAIN  
612 WATERSIDE WAY  
SARASOTA, FL 34242

TREASURER: CATHERINE H. HINKLEY  
21 ZINA ROAD  
HUDSON, MA 01749

CLERK: BEVERLY J. BOTTS  
3910 SHADYGLEN LANE  
SARASOTA, FL 34241

CEO: GERALD F. ROSS  
455 LONGBOAT CLUB ROAD, PH ONE  
LONGBOAT KEY, FL 34228

DIRECTORS: VIVIAN I. ROSS  
455 LONGBOAT CLUB ROAD, PH ONE  
LONGBOAT KEY, FL 34228

DAVID K. BARTON  
80 LYME RD., APT 1004  
HANOVER, NH 03755

WALTER K. KAHN  
7709 HAMILTON SPRING ROAD  
BETHESDA, MD 20817

BARBARA L. KAHN  
7709 HAMILTON SPRING ROAD  
BETHESDA, MD 20817

PAUL C. HAMILTON  
340 RIDGE ROAD  
SEDONA, AZ

GERALD F. ROSS  
455 LONGBOAT CLUB ROAD, PH ONE  
LONGBOAT KEY, FL 34228