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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H40435

(0)

ANACONDA DEVELOPMENT CORPORATION

Pancipal Place o	of Business	Mailing Address							
% RALPH ARC	STREET	% RALPH ARCAS 799 N.E. 38TH STREET							
OAKLAND PARK FL 33334		CANTAIN LAUN LE 2009			3. Date Incorporated or Qualified 3a. Date of Las 01/30/1985 03/09/			•	
2. Principal Plac	ce of Business	2a. Mailing Address 26				4, FEI Number 59-2555754	•	├	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	۵	•	May Be
Ziμ	Country	Zip	Cour	ntry		8. This corporation has liability for Florida Statutes Yes	ntangible ta	ix under s	199.032,
4	25 25 Name and Address of Currer	29 nt Registered Agent	[30]			10. Name and Address of New R		Agent	
	9, 1101110			81	Name				
ARCAS,			82 Street Add			dress (P.O. Box Number is Not Acceptab	le)		
	38TH STREET D Park Fl 33334			83					
			}	84	City		FL	85 Zi	p Code
familiar with	i, and accept the obligations of, Sec Signature typish or printed name of registered agent	tion 607.0505, Florida Statutes	S. 			and of directors. I hereby accept the app	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
) i (f	PD	☐ DELETE	1. 1 TC	TLE				Change	☐ Addition
NAME	ARCAS, RALPH		1.2 NA	ME					
STREET ADDRESS	799 N.E. 38TH STREET		1.3 \$7	REEI	ADDRESS				
CHY ST-ZIP	OAKLAND PARK FL	☐ DELETE	1.4 01		T-ZIP			Change	Addition
111 LF	S ADOAG DEDECCA		2 1 TI 2 2 NA				,		
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NAME			3 2 NA	M E					
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S RELEADORESS ONLY ST ZIP					T-ZIP				
1111 i		☐ DELETE	5 1 1	IJLE			1	☐ Change	Addition
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1)'(f		☐ DELETE	6 1 7					Change	Addition
NAME			6 2 N/						
STREET ADDRESS					ADDRESS				
City - \$1 - 24f	l	tale alone from the contract of the	64 Cl	des	ST-ZIP	for the exemption stated in Section 119	107/3VL\ FI	orida Stati	rtes I further
certify that		aual report or supplemental and location or the receiver or truste	nual report i ee emoowe			rate and that my signature shall have the this report as required by Chapter 607, F			

Ralph Arcas, President 03/06/96

SIGNATURE: Date on Typed on Printed Name of Signing Officer on Director Date on Date of Date

CR2E034 (12/95)

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