

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

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Jan 30 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 # J23613 (9)
1. Corporation Name
ANL ASSOCIATES, INC.



Principal Place of Business: 7400 BAYMEADOWS WAY, STE.200 JACKSONVILLE FL 32256
Mailing Address: 7400 BAYMEADOWS WAY, STE.200 JACKSONVILLE FL 32256-8942

3. Date Incorporated or Qualified: 07/08/1986
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21. 4306 Pablo Oaks Court
22. Suite, Apt #, etc.
23. Jacksonville FL
24. 32224
25. Country

2a. Mailing Address
26. P O Box 16469
27. Suite, Apt #, etc.
28. Jacksonville FL
29. 32224
30. Country

4. FEI Number: 59-2691688
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
COGGIN, LUTHER W.
7400 BAYMEADOWS WAY, STE.200-SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): 4306 Pablo Oaks Court
83.
84. City: Jacksonville FL
85. Zip Code: 32224

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 reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PDC COGGIN, LUTHER W. 7400 BAYMEADOWS WAY #200 JACKSONVILLE FL | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 4306 Pablo Oaks Court |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | JACKSONVILLE FL 32224 |
| TITLE | VD TOMM, CHARLES B 7400 BAYMEADOWS WAY #200 JACKSONVILLE FL | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 4306 Pablo Oaks Court |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | JACKSONVILLE FL 32224 |
| TITLE | TS MARLETTE, LINDA 7400 BAYMEADOWS WAY #200 JACKSONVILLE FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4306 Pablo Oaks Court |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | JACKSONVILLE FL 32224 |
| TITLE | S GALLAGHER, WILMA S. 7400 BAYMEADOWS WAY #200 JACKSONVILLE FL | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 4306 Pablo Oaks Court |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | JACKSONVILLE FL 32224 |
| TITLE | VD NOBLE, NANCY 7400 BAYMEADOWS WAY, STE 200 JACKSONVILLE FL | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 4306 Pablo Oaks Court |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | JACKSONVILLE FL 32224 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Wilma S. Gallagher Sec. 1-17-97 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)