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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

E.J. ANDERSON, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		• • •		C EMPINIO DIN JUBIN DENDI NUNDE PEDIC DENDI DIENE D	TIBIL OIBIL BIOLE	E1811 01811 (001	
% E.J. ANDE 1881 NE 26TI WILTON MAN		% E.J. ANDERSON 1881 NE 26TH ST #201 WILTON MANORS FL 333				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/30/1987			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2794538		Not Applicable		
Suite, Apt. #, etc.		Suile, Apt. #, etc.			5. Certificate of Status Desired	ortificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the		•	
24	25 29 30		30	0		Personal Property Tax due June 30. X Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ANDERSON, E.J.					10				
1881 NE 26TH ST #201				82 Stre	ot Addro	Idress (P.O. Box Number is Not Acceptable)			
WILTON MANORS FL 33305				Sireer Address (F.O. Box Number is Not Acceptable)			i		
				83					
				84 City			11	- 0	
				84 City		F	L 85 Zi	p Code	
Office of re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	ulhorizei	d by the c	ed corpo prporatio	ration submits this statement for the purpose in's board of directors. I hereby accept the a	of changing appointment	its registered as registered	
SIGNATURE		21, 0001.01 001.000, 110	maa otat	0.00					
	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE	Registered	1 Agent signa	ura requirec	when reinstating) DATE	<u> </u>		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 []]	ILE			☐ Chaпр	e Addition	
NAME	ANDERSON, E.J.		1.2 N						
STREET ADDRESS	1881 NE 26TH ST #201	1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	WILTON MANORS FL		1.4 CITY+ST-ZIP						
TITLE	SD DELETE		2.1 Til	2.1 TITLE			Change	B Addition	
NAME	ANDERSON, BARBARA		2.2 NAME						
STREET ADDRESS	1881 NE 26TH ST #201		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	WILTON MANORS FL		2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 717	LE				e 🔲 Addition	
NAME			3.2 NA						
STREET ADDRESS			3.3 \$1	REET ADDRES	ŝ				
CITY-ST-ZIP		Druste		TY-ST-ZIP	+				
TITLE		☐ DELETE	4.1 711				Change	Addition	
NAME			4.2 N						
STREET ADDRESS				REET ADDRES	·]				
CITY - ST - ZIP		DOCTE		Y-ST-ZIP			<u> </u>		
TITLE		LI DELETE	5 1 TH		1		Change	Addition	
NAME			5.2 NA					Ì	
STREET ADDRESS				reet addres	'			l	
CITY-ST-ZIP TITLE		DELETE	_	Y-ST-ZIP			- Ch		
		☐ vctcic	6.1 797				☐ Change	Addition	
NAME CIDEET ADDRESS			6.2 NA					1	
STREET ADDRESS			6.3 ST	REET ADDRESS	[']			ŀ	

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.

E. J. Anderson

4/19/98