FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** J71875 ANSCRO, INC. Mailing Address Principal Place of Business % ANTHONY SCOTT ROYAL % ANTHONY SCOTT ROYAL 924 S.W. 16TH 9T. 324 S.W. 16TH 6T. BELLE GLADE FL 39490 BELLE GLADE FL 33430 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1987 04/26/1995 Applied For 4. ELI Number 2a. Mailing Address 2. Principal Place of Business 26 802 N. W. Not Applicable 59-2806013 21 802 N.W. \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees South 23 Sout 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ROYAL ANTHONY SCOTT 802 N. W. Fixst -324 S.W. 16TH ST. BELLE GLADE FL 33430 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signal ira required  $\mathbf{v}^{\mathrm{theoremistaring}}$ Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition 1 1 1 TLE TITLE 802 N.W. First St. Sough Bay, FL 33493 ROYAL, ANTHONY SCOTT NAME 1.3 STREET ADDRESS 324 S.W. 16TH ST. STREET ADDRESS 1.4 CHY - ST - ZIP BELLE GLADE FL-CITY-ST-ZIP DELETE TITLE HERRING, JAMES M. JR. 2.2 NAM: NAME 324.8.W. 1874 ST. 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-7/P CITY-ST-ZIP Change DELETE 3 1 THILE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - \$1 - ZiF CHTY-ST-ZIP Change ☐ Addition DELETE 4 1 THE TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 5.1 Tille TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C11Y - \$1 - ZIP CITY-ST-ZIP Addition DELETE 6 1 TITLE TULE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 received 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. 6.4 CHY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Daytma Phone #