

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92039

1. Corporation Name

(3)

ANB OF BOCA NO. 5, INC.

Principal Place of Business		Mailing Address	
C/O NORMAN C. BELFER 120 SUNSET AVE., 3C PALM BCH. FL 33480 US		C/O NORMAN C. BELFER 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. # etc.		26 Suite, Apt. # etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
BELFER, NORMAN C. 120 SUNSET AVENUE #3C PALM BEACH FL 33480			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City FL Zip Code 85	
10. Name and Address of New Registered Agent			
11. Pursuant to the provisions of Sections 601.0201 and 607.1508, Florida Statutes, the above-named corporation submits the 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: *[Signature]* Date: *[Date]* Registered Agent signature required if no change
11-10-1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1011 NAME STREET ADDRESS CITY, ST, ZIP	P BELFER, NORMAN C. 120 SUNSET AVE PALM BEACH FL	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1012 NAME STREET ADDRESS CITY, ST, ZIP	VS BELFER, ROBERT 767 FIFTH AVE., 46TH FLOOR NEW YORK NY	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	V/S Estate of Arthur Belfer (Robert Belfer, Executor) 767 Fifth Avenue, 46th Fl. New York, NY 10153	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1013 NAME STREET ADDRESS CITY, ST, ZIP		3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1014 NAME STREET ADDRESS CITY, ST, ZIP		4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1015 NAME STREET ADDRESS CITY, ST, ZIP		5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1016 NAME STREET ADDRESS CITY, ST, ZIP		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.05(1)(g), Florida Statutes. I further certify that the information indicated on the 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 agent 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 of this form or on an attachment thereto.

SIGNATURE: *[Signature]*

BIOGRAPHY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman C. Belfer

(407)832-4036

1/25/95

Telephone Number

0676933

CP