

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

**APPROVED
AND
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95 MAY -1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J92039** (3)
1. Corporation Name
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**

DO NOT WRITE IN THIS SPACE

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 Zip Country 29 Zip Country 30 Zip Country

3. Date incorporated or Qualified **09/14/1987** 3a. Date of Last Report **04/27/1994**
4. FEI Number **11-2878256** 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
**BELFER, NORMAN C.
120 SUNSET AVENUE
#3C
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(4) 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)
I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemptions stated in Sections 119.02(1)(a) Florida Statutes. I further certify that the information included on this application of 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 partner or trustee organization to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. If I am an attorney, I shall so indicate.

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	BELFER, NORMAN C.
3. STREET ADDRESS	120 SUNSET AVE
4. CITY, ST., ZIP	PALM BEACH FL
5. TITLE	VS
6. NAME	BELFER, ROBERT
7. STREET ADDRESS	767 FIFTH AVE., 46TH FLOOR
8. CITY, ST., ZIP	NEW YORK NY
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	V/S Estate of Arthur Belfer
7. STREET ADDRESS	(Robert Belfer, Executor)
8. CITY, ST., ZIP	767 Fifth Avenue, 46th Fl.
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemptions stated in Sections 119.02(1)(a) Florida Statutes. I further certify that the information included on this application of 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 partner or trustee organization to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. If I am an attorney, I shall so indicate.

SIGNATURE: _____ **Norman C. Belfer** (407)832-4036
SIGNING OFFICER OR DIRECTOR