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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENI # K12095				
•	AN TECH, INC.	·			
Principal Plac	o of Business	Mailing Address			
6175 N WHITE		6175 N WHITE PALM WAY			
BEVERLY HILL:		BEVERLY HILLS FL 34465			
US US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				01/15/1988	Audiad Fac
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26 Suite And High		59-2873944	\$8.75 Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 City & Sta	to	City & State	- ,	6, Election Campaign Financing	\$5.00 May Be
¬ '	te	28		Trust Fund Contribution	Added to Fees
Zip	Country		Country	This corporation owes the current year in	
24	25	29 30	·-·•	Personal Property Tax.	∐Yes ⊠ No
(4	9. Name and Address of Curren			10. Name and Address of New Registered	
			81 Name	•	,
VAN	IAMAN, NANCY L.		92 Chrosa Add	ress (P.O. Box Number is Not Acceptable)	
6175 N WHITE PALM WAY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BEV	ERLY HILLS FL 34465		83		
					Tast 7: 0: da
			84 City	Fl	85 Zip Code
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Florida S	tatutes ared Agent signature require	on's board of directors. I hereby accept the appoint of directors and the second of directors and the second of directors.	
12.			3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD		1 TITLE		☐ Change ☐ Addition
NAME	VANAMAN, EUGENE R.	1.	2 NAME		
STREET ADDRESS	CARE AL MILITE DALLA MILAY	1.	3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL	1.	4 CITY-ST-ZIP		
TITLE	p		1 TITLE		Change Addition
NAME	VANAMAN, NANCY L.	2.	2 NAME		
STREET ADORESS	AATE AL LOUBTE DALAS INVAV	2.	3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL	2	4 CITY-ST-ZIP		
TITLE	77.70		1 TITLE	and the second of the second	Change Addition
NAME		3.	2 NAME		
STREET ADDRESS		3.	3 STREET ADDRESS		
CITY-ST-ZIP		3.	4. CITY-ST-ZIP		
TITLE			1 TITLE		☐ Change ☐ Addition
NAME	1	4	2 NAME		
STREET ADDRESS	5	4.	3 STREET ADDRESS		
CITY-ST-ZIP		1 4	4 CITY- ST-ZIP		
TITLE			1 TTLE		Change Addition
NAME		5	2 NAME		
STREET ADDRESS	s	5.	3 STREET ADDRESS		
CITY-ST-ZIP	1		4 OFF (OT 71D		
		_ 3	4 CITY-ST-ZIP		
TITLE			1 TITLE		Change Addition

CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

anaman PRINTED NAME OF SIGNING OFFICER OR DIRECTOR