

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 # **K34331**

(4)

1. Corporation Name:
ANB OF BOCA NO. 7, INC.

Principal Place of Business:

**C/O NORMAN C. BELFER
120 SUNSET AVE., SUITE 3C
PALM BECH, FL 33480
US**

Mailing Address:

**C/O NORMAN C. BELFER
120 SUNSET AVE., SUITE 3C
PALM BECH, FL 33480
US**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business:

21 Suite Apt. # etc

28. Mailing Address:

26 Suite Apt. # etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

3. Date Incorporated or Organized **09/27/1988** 3a. Date of Last Report **04/27/1994**

4. FEI Number **11-2932495** 4a. 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**

7. This corporation has liability for intangible tax under § 199 (3)(d) Florida Statutes Yes No

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 85. Zip Code

11. Pursuant to the provisions of Sections 607.04(a) 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 the law (§ 607.04(a), Florida Statutes).

SIGNATURE:

Signature overprinted with the name typed in the space above

Signature & print name and address in this section

b1

12. OFFICERS AND DIRECTORS:

**P
BELFER, NORMAN C.
120 SUNSET AVE.
PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

<input type="checkbox"/> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	
<input type="checkbox"/> CITY ST ZIP	

**VS
BELFER, ROBERT
767 FIFTH AVE., 46TH FL
NEW YORK NY**

**V/S Estate of Arthur Belfer X
(Robert Belfer, Executor)
767 Fifth Avenue, 46th Fl.
New York, NY 10153**

**N
NAME
STREET ADDRESS
CITY ST ZIP**

<input type="checkbox"/> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	
<input type="checkbox"/> CITY ST ZIP	

**D
NAME
STREET ADDRESS
CITY ST ZIP**

<input type="checkbox"/> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	
<input type="checkbox"/> CITY ST ZIP	

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**D
NAME
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CITY ST ZIP**

<input type="checkbox"/> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	
<input type="checkbox"/> CITY ST ZIP	

14. I declare, certify that the information supplied with this filing is voluntarily furnished and shall not qualify for the exemption stated in Section 607.04(b), Florida Statutes. I further certify that the information indicated on this document or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of a written affidavit. I am an officer or employee of the corporation or trustee empowered to execute the instrument required by Chapter 607, Florida Statutes, on behalf of the corporation appearing in Block 12 or Block 13 and shall sign an attachment thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

7/15/95

(407)832-4036

State of Florida