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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	D	IVISION OF CORP	ORATIONS			
DOCUN 1. Corporation	MENT # K	31373	(8)				
,	ANIS ENTERPRIS	ES, INC.					
Principal Place	of Business	Mailing Addr	ress			. 400 OH EISH QIIII QIIII Q	/841 61816 01011 1031
% JOHN TANIS % JOHN TANIS							
757 SW HIDDI PALM CITY FL		757 SW HI Palm City	dden river dr / Fl. 34990				
					3. Date Incorporated or Qualifier 04/19/1989	d 3a. Date of Las 03/30/	
2. Principal Pla	ce of Business	2a. Mailing A	ddress		4. FEI Number		Applied For
Suite, Apt. #	etc	26 Suite, Ap	nt # etc		59-2945054		Not Applicable .75 Additional
22		27			5. Certificate of Status Desired	1 1	ee Required
City & State		City & St	ate		Election Campaign Financing Trust Fund Contribution	F7 **	5.00 May Be dded to Fees
Zip	Country	Zip		Country	8. This corporation has liability f		
24	25	29 s of Current Registered Age	30		Florida Statutes	res No	
	9. Name and Addres	s of Current Registered Age	ent	81 Name	IV. Name and Address of Net	r negistered Agent	
TANIS, J	OHN			82 Street Add	lress (P.O. Box Number is Not Accep	table)	
757 SW I	HIDDEN RIVER DR					<u> </u>	
PALM CI	TY FL 34990			83			
				84 City		FL 85	Zip Code
11. Pursuant to	the provisions of Sectio	ns 607.0502 and 607.1508, FI	orida Statutes, the	LI above-named corpo	oration submits this statement for the	purpose of changing	its registered office
or registere familiar with	ed agent, or both, in the S n, and accept the obligati	State of Florida. Such change v ions of, Section 607.0505, Flor	vas authorized by ti rida Statutes.	ne corporation's boa	ard of directors. I hereby accept the a	ppointment as registe	ered agent. I am
SIGNATURE						DATE	
12,		registered agent and tille if applicable		tered Agont signature require	ADDITIONS/CHANGES TO C		CTORS IN 12
TITLE	PSD		DELETE 1	1 TITLE		☐ Char	nge 🔲 Addition
NAME	TANIS, JOHN	•		2 NAME			
STREET ADDRESS	757 SW HIDDEN D PALM CITY FL	H		3 STREET ADDRESS 4 CITY-ST-ZIP			Į.
CITY-ST-ZIP TITLE	TALM OITTL			1 1 TITLE		☐ Char	nge
NAME			2	2 NAME			
STREET ADDRESS				3 STREET ADDRESS			1
CITY-ST-ZIP TITLE				4 CITY - ST - ZIP		Char	nge Addition
NAME		U	1	2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			İ
CITY-ST-ZIP				4 CITY - ST - ZIP			
TITLE		П		I. 1 TITLE I.2 NAME		Char	nge Addition
NAME STREET ADDRESS				L3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE			DELETE 5	i 1 TITLE		☐ Char	nge 🔲 Addition
NAME				2 NAME			
STREET ADDRESS				3 STREET ADDRESS			
CITY-ST-ZIP TITLE				S 1 TITLE		Char	nge 🔲 Addition
NAME			6	5.2 NAME			,
STREET ADDRESS				3 STREET ADDRESS			<u> </u>
CITY-\$1-ZIP	v certify that the informati	on supplied with this filing is we		3.4 CITY-ST-ZIP	for the exemption stated in Section 1	19.07(3)(k). Florida S	tatutes. I further
certify that	the information indicated am an officer or director	or the annual report or supplied the corporation or the	emental annual repriver or trustee emoc	ort is true and accur	ate and that my signature shall have this report as required by Chapter 607,	he same legal effect Florida Statutes: an	as if made under d that my name
appears in	Block 12 or Block 13 i	changed, or or an attenment	wito an address.	An in the second	, ,		,
SIGNAT	ure:	open/	ana		4/12/96		
SIMINT!	SIGNATURE	AND TYPED OR PRINTED NAME OF	IGNING OFFICER OR DI	RECTOR	Date	Daytime Pi	hone #