P CORF ANNU	NOW: FILING FEE PORATION AL REPORT 1996 4-2	FLORIDA DEP Sandra Secre		DF STATE			
	Name AN GROUP, INC.	2 (2)					
Principal Place of Business 8007 HIBISCUS CIRCLE TAMARAC FL 33321-2139 US Mailing Address 8007 HIBISCUS CIRCLE TAMARAC FL 33321-2139 US					Date incorporated or Qualified	3a. Date of Last Report	
					08/09/1989	04/26/1995	
2. Principa! Place	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0137690	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Country 29 30		ntry	8. This corporation has liability for Florida Statutes	₩ No	
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New F	legistered Agent	
ROSENOW, STANLEY 8007 HIBISCUS CIR TAMARAC FL 33321				82 Street Addr 83 84 City	Address (P.O. Box Number is Not Acceptable)		
or registere familiar with SIGNATUREs	ed agent, or both, in the Stale of Flori h, and accept the obligations of, Sect Signature, typed or printed name of registered agent	da. Such change was authoricon 607.0505, Florida Statute and little if explicable.	zed by the c S. OTE: Registered	ve-named corpor orporation's boar Agent signature require		ointment as registered agent. I am	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD ROSENOW, STANLEY 8007 HIBISCUS CIRCLE TAMARAC FL	D DIRECTORS DELETE			ADDITIONS/CHANGES TO OFF	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENOW, CAROLE 8007 HIBISCUS CIRCLE TAMARAC FL	☐ DELETE	2.1 TI 2.2 NA 2.3 ST	TLE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENOW, WENDY 8007 HIBISCUS CIRCLE TAMARAC FL	☐ DELETE				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENOW, JORDAN 8007 HIBISCUS CIRCLE TAMARAC FL	☐ DELETE				☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1			Change Addition	
THLE NAME STREET AODRESS CHY-ST-ZIP		DELETE	6. 1 TI 6.2 NA 6.3 ST 6.4 CI	TLE ME REET ADDRESS IY-ST-ZIP		☐ Change ☐ Addition	
certify that	the nformation indicated on this ann am an officer or director of the corpor Block 12 or Block 13 in tranged, or UFIE:	ual report or supplemental än oration or⊒he receiver or trust	nual report i: ee empower dress.	s true and accura ed to execute thi Pres	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, F	same legal effect as if made under lorida Statutes; and that my name	