FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L26307

14. I do hereby certify that the infor information indicated on this ar Lam an officer or director of th

appears in Block 12 or Block

SIGNATURE:

(3)

ANYTHING AND COMPANY, INC.

Principal Place of Business Mailing Address 7135 NW 74TH STREET 7135 NW 74TH STREET MIAMI FL 33166-2534 MIAMI FL 33168-2534 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1989 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0155789 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AUSTEN, PETER T. 7135 NW 74TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sky sature hyprotion process rear not registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 TITLE Change Addition AUSTEN, PETER T. NAME 1.2 NAME 7135 NW 74TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CHY-SI-ZP 14 CITY-ST-ZIP D DELETE THILE 21 TITLE Change Addition MIGONE, HARRY B. MAME 22 NAME 7135 NW 74TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CHY-ST-7P 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition MAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CRY-51-20 3.4. CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CON-ST-ZIE 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TULLE 6 1 TITLE Change Addition MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - 71P

6.4 CITY - ST - ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that The receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

305-888-2366

Daytime Phone #