

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

5 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L35235 (5)**

1. Corporation Name  
**ANICORP, INC.**

Principal Place of Business

**C/O R FOSMOEN  
2012 NE 122ND RD  
MIAMI FL 33181**

Mailing Address

**C/O R FOSMOEN  
2012 NE 122ND RD  
MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0172189** 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 ☐ Yes ☐ No

2. Principal Place of Business

**21** State, Apt. #, etc.

**22** City & State

**23** City & State

**24** City & State

2a. Mailing Address

**26** State, Apt. #, etc.

**27** City & State

**28** City & State

**29** City & State

9. Name and Address of Current Registered Agent

**FOSMOEN, RICHARD L  
2012 NE 122 RD  
NO MIAMI FL 33181**

10. Name and Address of New Registered Agent

**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 607.0602 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. I am familiar with and accept the obligations of Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Agent or person who is registered agent in the State of Florida

Signature of New Agent or person who is registered agent in the State of Florida

Signature

12. OFFICERS AND DIRECTORS

|                    |                           |
|--------------------|---------------------------|
| 1. NAME            | <b>S FOSMOEN, RICHARD</b> |
| 2. STREET ADDRESS  | <b>2012 N. E. 122 RD.</b> |
| 3. CITY & STATE    | <b>N MIAMI FL</b>         |
| 4. NAME            | <b>P FOSMOEN, LIGIA</b>   |
| 5. STREET ADDRESS  | <b>2012 N.E. 122 BLVD</b> |
| 6. CITY & STATE    | <b>N MIAMI FL</b>         |
| 7. NAME            |                           |
| 8. STREET ADDRESS  |                           |
| 9. CITY & STATE    |                           |
| 10. NAME           |                           |
| 11. STREET ADDRESS |                           |
| 12. CITY & STATE   |                           |
| 13. NAME           |                           |
| 14. STREET ADDRESS |                           |
| 15. CITY & STATE   |                           |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    |                                                                   |
| 5. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY & STATE    |                                                                   |
| 9. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY & STATE   |                                                                   |
| 13. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY & STATE   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD L. FOSMOEN**

5/2/95

305 371 9116