

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L35235 (5)
1. Corporation Name
ANICORP, INC.



Principal Place of Business 805 NE 4TH AVENUE FT. LAUDERDALE FL 33304	Mailing Address 805 NE 4TH AVENUE FT. LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1989	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 65-0172189		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5.00 May Be Added to Fees	
23 Zip	25 Country	28 Zip		29 Country	
24	25	29		30	

9. Name and Address of Current Registered Agent

FOSMDEN, RICHARD L.
25 SE 2ND AVENUE
SUITE 828
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 880 NE 69TH ST #12F	
84 City MIAMI	FL 33138

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S FOSMOEN, RICHARD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSMOEN, RICHARD	1.2 NAME	
STREET ADDRESS	25 SE 2ND AVENUE #828	1.3 STREET ADDRESS	880 NE 69TH ST #12F
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	P FOSMOEN, LIGIA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSMOEN, LIGIA	2.2 NAME	
STREET ADDRESS	2012 N.E. 122 BLVD	2.3 STREET ADDRESS	1901 N. OCEAN DR P4C
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard Fosmoen* 2/14/98 205 759 3637

CR2E034 (10/97)