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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35235

ANICORP, INC.

ss

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90245 040 ***150.00

Principal Place	e of Business	Mailing Address						
805 NE 4TH AVENUE 805 NE 4TH AVENUE								
FT. LAUDERDALE FL 33304		FT. LAUDERDALE FL 333	304		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
ľ					3. Date Incorporated or Qualified		·	
1					12/11/1989		-	
n Dán trail D	llan of Business	2a, Mailing Address			4. FEI Number	TAI	optled For	
	lace of Business	28. Mailing Address			65-0172189	<u> </u>	ot Applicable	
21 Suite Ant	#	Suite, Apl. #, etc.				\$8.75		
Suite, Apt.	#, etc.	├ ─			5. Certificate of Status Desired		equired	
22 City 8 Ctm		City & State			8. Election Campaign Financing	\$5.00	May Be	
City & State	•	⊢			Trust Fund Contribution		to Fees	
23	Country	Zip	- Co	untry	8. This corporation owes the current year into	angible		
Zip	فتستقنه بتداية بتداحه وساء فستبدث ديني		- [30] -		Personal Property Tax.		No	
24	9. Name and Address of Curre	29	[30]	т —	10. Name and Address of New Registered	Agent		
	9, Name and Address of Curre	ILLY VERISCALED VRAIN		61 Name				
FOS	MDEN, RICHARD L.				41914 FOSMOEN			
880 NE 69TH ST 12F				82 Street	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33138 /1				83	DI A. BCEANDE			
MIN	WI FL 33130/			83 -	it C			
	1/1			84 City			Code	
				1 7 7 7	T LAUDEZDALE - PL		<u> 385 </u>	
11. Pursuant	to the provisions of Sections 607105	00 and 607.1508, Florida Stat	utes, the	above-named	Corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	changing its ntment as n	i registerad egisterad	
office or r	registered agent, or/both, infilte State om familiar-witht and agrentifie ordio	e Hr Florida. Such change was actions of Section 607.0505. F	i authorize Ilorida Sta	tutes.	COMMUNITY DOGICU OF CINECIONS. THE EDY MONEY ON APPOIN	10	,,,	
r					3.25.	77		
SIGNATURE	Significan, typed or brigger thanks of physicians and	pen and the if a lightestim (NO	TE: Registere	d Agent tigneture	required when reinstating) DATE	 		
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	S	[] DELETE	1.17	TLE		Change	Addition	
NAME	FOSMOEN, RICHARD		1.28	WAME	J			
STREET ADDRESS			135	TREET ADDRESS	;}			
· ·	MIAMI FL 33138		114	CITY-ST-ZIP	· .			
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	FOSMOEN, LIGIA	~		AME			~	
NAME	1 .			STREET ADDRESS				
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NAME					.1			
STREET ADDRESS	J		6.3	STREET ADDRESS	'[

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 ampowered 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, with all other like empowered.

SIGNATURE

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99

759-36Z-7