FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90747 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35235

90123366

1. Entity Name
ANICORP, INC.

Principal Place of Business	Mailing Address
805 NE 4TH AVENUE FT. LAUDERDALE, FL 33304	805 NE 4TH AVENUE FT. LAUDERDALE, FL 33304

2. Principal Place of Business	3. Mailing Address
	1901 N. Ocean Blv
Suite, Apt. #, etc.	Suite, Apt. #, etc. PHA
City & State	City & State Fort Ld.
Zip / Country	Zip FL. / Country 33305

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0172189 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMIESON, LIGIA 805 NE 4TH AVE FORT LAUDERDALE, FL 33304	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JAMIESON, LIGIA	NAME	
STREET ADDRESS	~~805 NE 4TH AVE~~	STREET ADDRESS	1901 N. OCEAN BLV. PHA
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33304~~	CITY-ST-ZIP	Fort LD. FL. 33305
TITLE	VPST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	JAMISON, SONIA L	NAME	
STREET ADDRESS	~~800 NE 4TH AVE~~	STREET ADDRESS	1901 N. Ocean Blv. PHA
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33304~~	CITY-ST-ZIP	Fort Ld. FL 33305
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04.29.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)