

## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT -6 AM 9:43

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L96000000110

ANACS, L.C.  
P.O. BOX 5852  
PEMBROKE PINES FL 33083-5852

1a. Principal Place of Business Address

~~6610 N.W. 95TH LANE~~  
~~PARKLAND FL 33083~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

4974 S.W. 94th AVE  
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

Zip 33328-3411 Country BROWARD.

Zip

Country

3. Date Organized or Qualified

01/22/1996

3a. State of Formation

FL

4. FEI Number

65-064-1236

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A.

6. Certificate of Status Desired

\$6.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

LAW OFFICES OF ANDREW B. BLASI, P.A.  
7900 GLADES ROAD, SUITE 445  
BOCA RATON FL 33434

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM GOURGUE, EVENS A

6610 N.W. 95TH LANE

PARKLAND FL

MGRM AUDAIN, JOEL G

4974 S.W. 94TH AVENUE

COOPER CITY FL

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-10/08/97--D1085--004  
\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

JOEL G AUDAIN

10/08/97 (954) 494-0976