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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N44710** (4)

1. Corporation Name

THE ANABIOSIS PRESS, INC.

Principal Place of Business

**2852 ALGARDI LANE
NORTH PORT FL 34282
US**

Mailing Address

**P. O. BOX 7787
NORTH PORT FL 34287-0787
US**



3. Date Incorporated or Qualified **08/14/1991** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0318923

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BROBST, RICHARD A.
2852 ALGARDI LANE
NORTH PORT FL 34282**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PTD** ☐ DELETE
NAME **SMYTH, RICHARD**
STREET ADDRESS **765-C N. WHEELER AVE.**
CITY - ST - ZIP **ST. PAUL MN**

TITLE **VD** ☐ DELETE
NAME **BROBST, RICHARD**
STREET ADDRESS **2852 ALGARDI LANE**
CITY - ST - ZIP **NORTH PORT FL**

TITLE **SD** ☐ DELETE
NAME **LEWALLEN, WALTER**
STREET ADDRESS **13827 AZALEA CIR., #35-F**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SMYTH, RICHARD**
1.3 STREET ADDRESS **215 GRANVILLE LANE**
1.4 CITY - ST - ZIP **N. ANDOVER, MA 01845**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **LEWALLEN, WALT**
3.3 STREET ADDRESS **5111 ARBOR POINT CIRCLE #216**
3.4 CITY - ST - ZIP **TAMPA, FL 33617-1016**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
SMYTH - PRES.

4/24/97

612-646-2809

Daytime Phone # **0084541**

CR2E037 (9/96)