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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44710** (4)

1. Corporation Name

THE ANABIOSIS PRESS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

08/14/1991

4. FEI Number

65-0318923

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

RICHARD BROBST

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

17145 URBAN AVE.

83

84 City

PORT CHARLOTTE

FL

85 Zip Code
33754

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **SMYTH, RICHARD**
CITY-ST-ZIP **215 GRANVILLE LANE
N ANDOVER MA**

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

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LEWALLEN, WALTER**
CITY-ST-ZIP **5111 ARBOR POINTE CIRCLE #218
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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SMYTH, RICHARD ☒ Change ☐ Addition
132 HANCOCK STREET
EVERETT, MA 02149

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

BROBST, RICHARD ☒ Change ☐ Addition
17145 URBAN AVE
PORT CHARLOTTE, FL 33754

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

LEWALLEN, WALTER ☒ Change ☐ Addition
15210 AMBERLY DRIVE #21-16
TAMPA, FL 33647

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

SIGNATURE:

RICHARD SMYTH

4/27/98

617-695-2306

CR2E037 (10/97)