

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N48280** (4)

1. Corporation Name

THE ANNA FUND, INC.



Principal Place of Business

Mailing Address

C/O STEVE MESSING
TWO BISCAYNE BLVD SUITE 2800
MIAMI FL 33131

C/O STEVE MESSING
TWO BISCAYNE BLVD SUITE 2800
MIAMI FL 33131

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0356477

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINSON, EDWARD E
407 LINCLON RD
PENTHOUSE EAST
MIAMI BEACH FL 33139

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]

[Signature]

[Signature]

Signature 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 **D** ☐ DELETE
NAME **GURVEY, MARLENA**
STREET ADDRESS **6300 SW 96TH ST**
CITY-ST-ZIP **MIAMI FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SORREN, PAUL K**
STREET ADDRESS **6300 SW 96TH ST**
CITY-ST-ZIP **MIAMI FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RABINOWITZ, HAROLD R**
STREET ADDRESS **2710 HACKNEY RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MESSING, STEVE**
STREET ADDRESS **TWO S BISCAYNE BLVD 2800**
CITY-ST-ZIP **MIAMI FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PERKINS, G FREDERICK JR**
STREET ADDRESS **78 GREENACRES AVE**
CITY-ST-ZIP **SCARSDALE NY**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KASS, FRANKLIN**
STREET ADDRESS **267 N PARKVIEW AVE**
CITY-ST-ZIP **COLUMBUS OH**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

305-789-2638

Date

Daytime Phone

CR2E037 (12/95)