

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48280**

1. Corporation Name

**THE ANNA FUND, INC.**

Principal Place of Business

**6300 NORTH BAY ROAD  
MIAMI BEACH FL 33140  
US**

Mailing Address

**6300 NORTH BAY ROAD  
MIAMI BEACH FL 33140  
US**

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90083 048 \*\*\*\*61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/09/1992**

4. FEI Number

**65-0356477**

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

9. Name and Address of Current Registered Agent

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**D  
GURVEY, MARLENA  
6300 SW 96TH ST  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**D  
SORREN, PAUL K  
6300 SW 96TH ST  
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**D  
RABINOWITZ, HAROLD R  
2710 HACKNEY RD  
FT LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**D  
PERKINS, G FREDERICK JR  
78 GREENACRES AVE  
SCARSDALE NY**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

**D  
KASS, FRANKLIN  
267 N PARKVIEW AVE  
COLUMBUS OH**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)