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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000747 (2)**  
1. Corporation Name

**ANCLOTE CORP.**



Principal Place of Business <b>355 ANCLOTE ROAD TARPON SPRINGS FL 34689</b>	Mailing Address <b>355 ANCLOTE ROAD TARPON SPRINGS FL 34689</b>
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3. Date Incorporated or Qualified

**02/10/1997**

4. FEI Number

**59-3433009**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**L'HEUREUX, GEORGE JR**  
~~355 ANCLOTE ROAD~~ **448 Vegas Drive**  
**TARPON SPRINGS FL 34689**

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	PD <input type="checkbox"/> DELETE
NAME	<b>L'HEUREUX, GEORGE JR</b>
STREET ADDRESS	<del>355 ANCLOTE ROAD, LOT 102</del> <b>448 Vegas Dr.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>BRADFORD, GRETCHEN</b>
STREET ADDRESS	<del>355 ANCLOTE ROAD, LOT 91</del> <b>421 Vegas Dr.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>DOLL, BARBARA</b>
STREET ADDRESS	<del>355 ANCLOTE ROAD, LOT 86</del> <b>1271 Carson Lane</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>DIETRICH, BEVERLY</b>
STREET ADDRESS	<del>355 ANCLOTE ROAD, LOT 93</del> <b>433 Vegas Dr.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>KNIPP, UNAFAYE</b>
STREET ADDRESS	<b>355 ANCLOTE ROAD, LOT 37</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CHARTIER, WILFRED</b>
STREET ADDRESS	<del>355 ANCLOTE ROAD, LOT 9</del> <b>436 Linger Lane</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Blenco, Lanny</b>
1.3 STREET ADDRESS	<b>452 Hideaway Drive</b>
1.4 CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Champion, Rachel</b>
2.3 STREET ADDRESS	<b>455 Inner Drive</b>
2.4 CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **George M. Blenco**

**8/13/93**

**813/937-5125**

CR2E037 (10/97)