

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000003611 (0)

1. Corporation Name

ANDERSON SERVICES, INC.



Principal Place of Business

Mailing Address

10400 NORTHWEST 19TH AVENUE  
MIAMI FL 33056

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MIAMI FL 33056

3. Date Incorporated or Qualified  
11/12/1992

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 45 NE 164 TH STREET  
Suite, Apt. #, etc.

26 45 NE 164 TH STREET  
Suite, Apt. #, etc.

4. FEI Number  
65-0371195

Applied For  
Not Applicable

22 City & State  
23 NORTH MIAMI BEACH FLA.

27 City & State  
28 NORTH MIAMI BEACH FLA.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33162 25 USA

29 33162 30 USA

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

ANDERSON, ILRETT V  
10400 NORTHWEST 19TH AVENUE  
MIAMI FL 33056

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
45 NORTHEAST 164 TH STREET  
83  
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ILRETT V. ANDERSON T.S.

(NOTE: Registered Agent signature required when reinstating)  
Date 4.1.96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME ANDERSON, FRED  
STREET ADDRESS 19400 N.W. 19TH AVENUE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 45 NORTHEAST 164 TH STREET  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FLA. 33162

TITLE D ☐ DELETE  
NAME PALMER, COURTNEY K  
STREET ADDRESS 385 EAST 43TH STREET  
CITY-ST-ZIP BROOKLYN NY 11203

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

TITLE TS ☐ DELETE  
NAME ANDERSON, ILRETT V  
STREET ADDRESS 19400 N.W. 19TH AVENUE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 45 NORTHEAST 164 TH STREET  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH FLA 33162

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ILRETT V. ANDERSON

4.1.96 (305) 919-9837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)