FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005388 (3)

ANTICO CORP.

FILED
Jan 27 1998 8:00am
Secretary of State



						<u> </u>		
Principal Place of Business Mailing Address								
8110 NW 11 CT 8110 NW 11 COURT					+			
PEMBROKE PINËS FL 33024 US		PEMBROKE PINES FL 33024 US				DO NOT WRITE IN THIS SPACE		
03						3. Date Incorporated or Qualified		
						11/17/1992		
2. Principal Pl	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		Applied For
21		26	26			65-0389166	<u> </u>	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					□ \$8.75	Additional
22		27	27			5. Certificate of Status Desired	Fee!	Required
City & State		City & State	_ ·			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	L Adde	d to Fees
Zip	Country	Zip	Cour	ntry	1	This corporation owes or has per		
24	25	29	30]			Personal Property Tax due June		∐ No
	9. Name and Address of Curren	it Hegistered Agent		81 Nan		0. Name and Address of New Re	Agistered Agent	
QUINTANA, ODALYS C. 8110 NW 11 COURT				OI Nan	THE			į
		82 Street Add			(P.O. Box Number is Not Acceptal	ble)		
PEMBROKE PINES FL 33024			-	83				
				63				į
				84 City	/		FL 85 Zij	p Code
44 Duramant	to the province of Sections 607 050	12 and 607 1508 Florida State	ites the sh	ove-nam	ned cornoral	tion submits this statement for the	, ,	ı its registered
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			N	A			DATE	
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	Agent signa	ature required wi	ADDITIONS/CHANGES TO OFFIC		OBS IN 12
TITLE	P	DELETE	1,1 101	ıF		7.001101010101102010	☐ Change	
NAME	QUINTANA, ODALYS C.		1.2 NA					
STREET ADDRESS	AAAA NAMAAA OOLIDT			REET ADDRES	SS			
CITY-ST-ZIP	PEMBROKE PINES FL		I	Y-ST-ZIP	100			
TITLE	\$	DELETE	2.1 717		Mis	TA E. QUINTA	nへ 口 Change	Addition
NAME	QUINTANA, ODALYS C.		2.2 NAI	ME	0110	TA E QUINTA NW 11 CT nbroke Pines	•	,
STREET ADDRESS	8110 NW 11 COURT		2.3 STF	REET ADDRES		Looke Pines	F/ 336	24
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST-ZIP	ren	NOTONG THE	, , ,	,
TITLE	\$	DELETE	3.1 TIT				☐ Change	e 🔲 Addition
NAME	QUINTANA, ORILIS		3.2 NAI	ME				
STREET ADDRESS	8110 N.W. 11 COURT		3.3 ST	REET ADDRES	ss			
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CIT	TY-ST-ZIP				
TITLE		DELETE	4.1 117				Change	e 🔲 Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRES	ss			
CITY-ST-ZIP			4.4 CIT	Y-SY-ZIP	:			
TITLE		DELETE	5.1 TIT	LE			☐ Change	e 🔲 Addition
NAME			5.2 NAI	ME				
STREET ADDRESS			5.3 STF	REET ADDRES	ss			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT	LE			☐ Change	e 🔲 Addition
NAME			6.2 NAI	ME				
STREET ADDRESS			6.3 STF	REET ADDRES	SS			
CITY-ST-ZIP				Y-ST-ZIP				
14. I bereby o	pertify that the information supplied w	ith this filing does not qualify	for the exe	mption st	tated in Sec	tion 119.07(3)(i), Florida Statutes.	i further certify that th	ne information

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 made 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.

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