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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

(011) 432-1881

Machad

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000006409 (5)

THE ANCHOR GROUP, INC.

Principal Place of Business Mailing Address					- I SADDINGTH SITE SOURT HINS BRIEF WOULD GREEF	I ODIJE ODIJA DIJIH BIDIH ODIJE IBIH IBO
15630 MCGREGOR BLVD. 15630 MCGREGOR BLVD			D.			
SUITE 102 SUITE 102					DO NOT HIGHT IN THIS COACE	
FORT MYERS FL 33908 FORT MYERS FL 33908					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					01/27/1993	
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	26				65-0384189	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required	
<u> </u>	City & State City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28 Zin		Country		Trust Fund Contribution	Added to Fees
Zip	Country Zip		<b>├</b> ──	Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
24	25 S. Name and Address of Currer	29 Agent	30		Personal Property Tax due June 3  10. Name and Address of New Reg	
PΩ			8	1 Name		
POWELL, WILLIAM M 2002 DEL PRADO BLVD.				0 0	(5.0.0-1)	-)
SUITE 105			18:	2 Street Add	ress (P.O. Box Number is Not Acceptable	a)
CAPE CORAL FL 33990			8:	3		
O, .			8-	4 030		or Zin Codo
			*	4 City		FL 85 Zip Code
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typod or printed name of registered age			gent signature requ	ired when reinstating)	DATE
12.		D DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition
TITLE	DPS Jasinski, Stanley	L.J OLECIL	1.1 TITLE	1		C Change L Addition
NAME STREET ADDRESS	138 CRESCENT DRIVE		1.2 NAME	ET ADDRESS		
	FT MYERS FL 33919			- 1		
CITY-ST-ZIP TITLE	VT DELETE		1.4 C/TY - 2.1 TITLE			Change Addition
NAME	HANSEN, ASGER		2.2 NAME			
STREET ADDRESS	12120 SIESTA DR.		2.3 STREET ADDRESS		e e	** 1
CITY-ST-ZIP	FT MYERS BEACH FL 33931		2. 4 CITY - ST - ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		☐ DELETE	5.1 ₹(TLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 C(TY			Change Addition
TITLE			6.1 TITLE	J		Change L Addition
NAME CTREET ADDOLCS			6.2 NAM6			
STREET ADDRESS				ET ADDRESS		
City-St-ZiP	ertify that the information supplied w	ith this filing does not qualify	64 CITY- for the exem	otion stated in	Section 119.07(3)(i), Florida Statutes. I fo	urther 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.						