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 # P93000028259 (8)

DDITANIANA ADMO INC

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

	ANNIA ANIVO, INC.						
Principal Place of Business Mailing Address							
BOCA RATON FL 33431		2401 N. FEDERAL HWY. BOCA RATON FL 33431 US	BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 04/15/1993 		
2. Principal	Place of Business	2a. Mailing Address	·		4, FEI Number	Applied For	
21		26			65-0403716	Not Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ate	City & State	·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Cou	ntry	This corporation owes or has paid Personal Property Tax due June 3		
1-1	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
F	HARRISON, LEE				EFFREY S GERO	oh/	
	218 NE FIRST AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)			
	DELRAY BEACH. FL 33444				83 4800 N. FEDELAL HIGHWAY SOTE 84 City BOCA FL. 73431 FL 85 Zip Code 553451		
				84 City Soc	A FL 33431	FL 85 Zip Code 57545/	
11, Pursuar office o agent.	nt to the provisions of Sections 607.0 or registered agent, or both, in the Sta I am jamilar with, and accept the obt	502 and 607.1508, Florida Statu ste of Florida. Such change was ligations of, Section 607.0505, Fl	ites, the at authorized Iorida Stat	SOUR ROMAN POR	poration submits this statement for the pu tion's board of directors. I hereby accept	ironeo al changina ite registero:	
SIGNATURE	typed or printed name of registered	Tettreys, ve	POU Te Benicleren	Agent signature requi	ired when reinslation)	DATE 98	
12.		AND DIRECTORS	13.	- Pacific signature redor	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	1/ P	DELETE	1.1 7/7	LE /	D	/ Change Additio	
NAME	ME HARRISON, LEE		1.2 NA	ME .	MARTHA CROMPTO	N Part	
STREET ADDRESS 218 NE FIRST AVE			1.3 ST	reet address	19463 COCOKADO CI	ecce	
CITY-ST-719 DELRAY BEACH FL 33444			1400	IY-ST-7IP	BOCK EXTON FL 334	474	

Change Addition DELETE 2.1 TITLE TITLE FOSTER, ROY 2.2 NAME NAME OLDRADO CIRCUE **825 NE FIRST STREET** 2.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 2. 4 CITY - ŞT - ZIP Change ☐ Addition DELETE 3.1 TITLE 💺 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

15:98 561 487.2129

Change

800002459808 -03/17/98--01076--016

***150.00

FILED

Mar 17 1998 8:00am

Secretary of State