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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

813

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P93000031581 (0)

ANSKAR, INC.

Principal Place of Business Mailing Address						
603 GAY ANN VALRICO FL 3		603 GAY ANN DR. Valrico Fl 33594	· · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
·····						04/26/1993
2. Principal Place of Business		— ·	2a. Mailing Address			4. FEI Number Applied For
21		26				59-3177490 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	} <sub>1</sub>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
<b>23</b> Zip	Country Ztp			ntry		
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Cur		1301			10. Name and Address of New Flegistered Agent
SW.	ANSON, JAMES A			81	Name	
	GAY ANN DR.			55	0	Add (20 R-11)
	RICO FL 33594			<b>B2</b>	Street Ad	Address (P.O. Box Number is Not Acceptable)
AVE	MOO 1 E 33354		ŀ	63		· · · · · · · · · · · · · · · · · · ·
				64	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I						corporation submits this statement for the purpose of changing its registered
agent. I ar	m familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Stati	utes	3.	
SIGNATURE	Signature, typed or printed name of registered	execut and little if anythrophic (NO)	F Pacietarad	. Acc	nt cianature rec	required when reinstating) DATE
12,	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 101	LΕ		Change Addition
NAME	SWANSON, JAMES A		1.2 NAMI			
STREET ADDRESS	603 GAY ANN DR.		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594		1.4 City		T-ZIP	
TITLE	\$TD	DELETE	21 117	LΕ		☐ Change ☐ Addition
NAME	SWANSON, NANCY S		22 NA	ME		
STREET ADDRESS	s 603 gay ann dr.		2351	23 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2 4 CITY-		1 - ZIP	
TITLE		☐ DELETE	3 1 TIT	LE		Change Addition
NAME			3 2 NA	ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	<del></del>	D pereze	3.4. CI		T · ZiP	
TITLE		☐ DELETE	4.1 110			Change L. Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE	DELETE			_	T - 71P	Change Addition
NAME		_ beerie	5.1 TIT			C Ontarigo C Addition
STREET ADDRESS	KESS		1	5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP						
TITLE				4 CITY+ST+ZIP 1 THILE		Change Addition
NAME		<del></del> · · ·	6.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CfT			
14. I hereby c	ertify that the information supplied	I with this filing does not qualify f	or the exe	mpt	ion stated	ed in Section 119.07(3)(i), Florida Statutes I further certify that the information
officer or o	on this annual report or suppleme director of the corporation or the r or Block 13 it changed, or on an a	eceiver or trustee empowered to	curate and execute th	i tha nis r	at my signa report as re	gnature shall have the same legal effect as if made under eath; that I am an sequired by Chapter 607, Florida Statutes; and that my name appears in
	11 1/				_	