

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045042 (7)

1. Corporation Name
ANSPRIN INCORPORATED

Principal Place of Business
1960 LAKE SHORE DR
FT LAUDERDALE FL 33326

Mailing Address
1960 LAKE SHORE DR
FT LAUDERDALE FL 33326-2351



3. Date Incorporated or Qualified 06/21/1993
3a. Date of Last Report 04/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0492937		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

PARKER, CLAYTON
C/O KIRKPATRICK & LOCKHART
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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

Signature typed in perfect name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAKER, CLAYTON E Parker, Clayton E.	1.2 NAME	Parker, Clayton E.
STREET ADDRESS	201 SOUTH BISCAYNE BLVD SUITE 2000	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	P/T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horst Heinz Ansmann	2.2 NAME	Ansmann, Horst Heinz
STREET ADDRESS	1960 Lake Shore Drive	2.3 STREET ADDRESS	1960 Lake Shore Drive
CITY - ST - ZIP	Ft. Lauderdale, FL 33326	2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claire F. Ansmann	3.2 NAME	Ansmann, Claire F.
STREET ADDRESS	1960 Lake Shore Drive	3.3 STREET ADDRESS	1960 Lake Shore Drive
CITY - ST - ZIP	Ft. Lauderdale, FL 33326	3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

Horst Heinz Ansmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HORST HEINZ ANSMANN, PRESIDENT

1/10/97

Date

Daytime Phone #

9541
384-6835

0200300

CR2E034 (9/96)