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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000059304 (4)

A & N SALES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 20 1998 8:00am Secretary of State

8/3-



4707 NORTH LOIS AVENUE 4707 NORTH LOIS AVENUE TAMPA FL 33614							
					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified 08/19/1993		
2. Principal P	Place of Business	2a, Mailing Address			4 FEI Number	Applie	ed For
21 4401	C RIO VISTA AV.	26 4901 C	RIO VISTA AU.		59-3199934	<del></del>	pplicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			V 10 1 10 7 10		\$8.75 Add	
27					5. Certificate of Status Desired	Fee Requi	ired
City & State City & State			F-0.4.		6. Election Campaign Financing	\$5.00 Ma	у Ве
	TAMPA FLORIDA 28 TAMP		Country		Trust Fund Contribution	Added to F	ees
Zip 24 336	34 Country (15 A	Zip マスピスピ	<del></del>	USA	8. This corporation owes or has paid the curre	<i>-</i>	′ I
24 500	Name and Address of Curren	29 55654 It Registered Agent	30	won	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes N	
CHRISTY, ARTHUR R III							
4707 MODILLI DIO ANCALIE							
TAMPA FL 33614  82 Street Address (P.O. Box Aumber is Not Acceptable)  4707 MORTH LOIS AVENUE  82 Street Address (P.O. Box Aumber is Not Acceptable)  4707 MORTH LOIS AVENUE  82 Street Address (P.O. Box Aumber is Not Acceptable)							
1.				83			
				84 City		85 Zip Coo	<del>,</del> , –
				' -	TAMPA FL	336	3Ψ
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 or printed name of registrical original and title if applicable (NOTE Registered Agent signature required when reinstating).  DATE							
12.	OFFICERS ANI		13		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS II	N 12
TITLE	CHRISTY, NANCY R 7001 PAT BLVD.		1.1	TITLE		Change	Addition
NAME			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL		1.4	CITY-S1-ZIP			
TITLE	P DELETE		2.1 TITLE		l	Change	_  Addition
NAME	CHRISTY, ARTHUR R III			NAME			
STREET ADDRESS	7001 PAT BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL  ST S≼ DELETE			CITY-ST-ZIP	<u></u>	4.Change	Addition
NAME	RISHER, DIANE 6230 FITZGERALD ROAD			TITLE ST	•	Security .	_ Addition
STREET ADDRESS				STHEET ADDRESS	CHRISTY, JEFFREY AMHUR 7001 PAT BLUD		
CITY-ST-ZIP	ODESSA FL 33556				TAMPA FL 33615		
TITLE				TITLE	<del></del>	Change	Addition
NAME				NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZIP			4.4	CITY-ST-ZIP			
TITLE	DELETE		5.1	TITLE		Change	Addition
NAME			5.21	NAME			ľ
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP		- Pariser	-	CITY - ST - ZIP		15.	1.100
TITLE	DELETE		6.1 TITLE		L	Change	_] Addition
NAME				NAME	·		
STREET ADDRESS				STREET ADDRESS			1
CITY-ST-ZIP	sertify that the information supplied wi	th this filling does not qualify:		CITY-ST-ZIP	in Section 119 07(3)(i) Florida Statuton   further age	lifu that the lafe	rmation
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 6.7. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							