

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

FILED

Mar 10 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 # P94000007242 (8)

1. Corporation Name  
ANSPACH FIXATION DEVICES, INC.



Principal Place of Business  
4500 RIVERSIDE DR.  
PALM BEACH GARDENS FL 33410

Mailing Address  
4500 RIVERSIDE DR.  
PALM BEACH GARDENS FL 33410-4235

3. Date Incorporated or Qualified  
01/28/1994

3a. Date of Last Report  
06/22/1996

4. FEI Number  
65-0490145

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite Apt # etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

NOWICKI, MARK J  
1155 U.S. HWY. ONE  
SUITE 302  
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name  
Nowicki, Mark J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
14155 U.S. Highway One, Suite 302  
83  
84 City  
Juno Beach FL 85 Zip Code  
33408

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 registered agent and title, if applicable.

MARK J. NOWICKI

3/5/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WACHTER, WILLIAM H	4500 RIVERSIDE DR. PALM BEACH GARDENS FL 33410
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V	WILLIAM E. ANSPACH, III	4500 RIVERSIDE DR. PALM BEACH GARDENS FL
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	ANSPACH, THOMAS D	4500 RIVERSIDE DR. PALM BEACH GARDENS FL 33410
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V/S	BERRS, ELAINE K.	4500 RIVERSIDE DR. PALM BEACH GARDENS FL 33410
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BEERS, ELAINE K.	
43 STREET ADDRESS	4500 RIVERSIDE DR.	
44 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine K. Beers - Elaine K. Beers 3/5/97 (561) 627-1080

CR2E034 (9/96)