PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P9400007242**

1. Corporation Name

ANSFAU	H FIXATION DEVICES, INC	<i>,</i> ,					
Principal Place	of Business	Mailing Address					
4500 RIVERSIDE DR. 4500 RIVERSIDE DR.					·		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL			33410		DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualifed	THIS GITTE	
					01/28/1994		
		2a. Mailing Address			4. FEI Number	Appl	lied For
Z. Trinopart toda di Daniera				65-0490145	Not	Applicable	
21		Suite, Apt. #, etc.				\$8.75 Ad	iditional
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Req	uired
City & Stat		City & State			6. Election Campaign Financing	\$5.00 №	lay Be
	<b>G</b>	28			Trust Fund Contribution	Added to	Fees
<b>Zip</b>	Country	Zip	Countr	у	8. This corporation owes the current	year Intangible	٦ ا
24	25	29	30		Personal Property Tax.		□No
4-7	9. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New Regi	stered Agent	<del></del>
		*	8	1 Name			
	NE, KIM A		82	2 Street Add	dress (P.O. Box Number is Not Acceptable	)	
	PHILLIPS POINT WEST				10 973, 2 4 7 1931, 12 0 1	ari, kun yanahir sasa ini sa Gundan menangkan yang bilan	1914 NS. (31)
777	SOUTH FLAGLER DRIVE	•	8:	3		心想说 門鄉	
WES	ST PALM BEACH FL 33401-619	8	84	4 City		85 Zip C	ode
						FL   T	
11. Pursuant office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statute	es.	poration submits this statement for the pur tion's board of directors. I hereby accept the	DATE	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90028 023 \*\*\*150.00