FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS								
DOCUME 1. Corporation Na	ENT # P940	00010849	(5)						
ANCHOR REALTY & DEVELOPMENT, INC.									
Principal Place of Business Mailing Address							O DIPI O DIO ILLI	OCIEL IDILI	DIQIO HIII FOLI
4561 OKEECHOBEE BLVD #2 4561 OKEECHOBEE BLVD #2									
WEST PALM BEA	ACH FL 33417	WEST PALM BEA	CH FL 33417						
						3. Date incorporated or Qualified 3a. Date of Last R 02/03/1994 06/19/198)5
2. Principal Place	of Business	2a. Mailing Addres	3			4. FEI Number 65-0474208			Applied For Not Applicable
Suite, Apt. #, e	tc.	26 Suite, Apt. #, e				5. Certificate of Status Desired	17		Additional
2 27									Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip Country		Zıp Coun				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			199.032,
24	25 9. Name and Address of Cui	rrent Registered Agent	30		· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes 10. Name and Address of New F	.	gent	
				61	Name				
JURAN, LAWRENCE B				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
2255 GLADES RD			-	83					·
SUITE 300 E BOCA RATON FL 33431				84	City			85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al					_		FL		
or registered :	ne provisions of sections but to agent, or both, in the State of F and accept the obligations of, S	Florida. Such change was au	thorized by the co	orpx	oration's boar	d of directors. I hereby accept the app	ointment as r	egistered	agent. I am
Sign	ature typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	(NO1E: Registered /	Agen	l signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
r··	D	DELET		LE] Change	Addition
	GRIESMER, PAUL		1.2 NAI	ME					
	4561 OKEECHOBEE BLVD				ADDRESS				
CHTY-ST-ZIP TITLE	WEST PALM BEACH FL 3	341/ □ DELET	1.4 CIT 2. 1 TIT		11-211] Change	Addition
NAMÉ		_	2.2 NAI	MÉ					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		☐ DELET	2.4 CIT 3. 1 Til		ST-ZIP		<u>-</u>] Change	Addition
NAME			3.2 NA						
STREET ADDRESS			3.3 \$1	R££1	T ADDRESS				
CITY-ST-ZIP		☐ DELET	3.4 CiT £ 4. 1 TiT		ST - ZIP			Change	☐ Addition
TITLE NAME			4.1 III				_	,	—
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT	•	ST-ZIP			7.06	
THILE		DELET					L] Change	☐ Addition
NAME STREET ADDRESS			52 NA 53 ST		F ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELE1] Change	☐ Addition
NAME		\sim	6.2 NA		r Abbreces				
STREET ADDRESS	\sim /	/			F ADDRESS S1 - ZIP				
14. I do hereby d	ertify that the information supp	lied with this filing is voluntar	ily furnished and r	ine	s not qualify t	for the exemption stated in Section 119	1.07(3)(k), Flor	ida Statu	ites. I further
certify that th oath; that I ar	o information indicated on this	annyal report or supplement proporation or the receiver or	al annual report is trustee empower	ed i	ue and accura to execute th	ate and that my signature shall riave the is report as required by Chapter 607, F	i same legal e lorida Statute	es; and th	at my name
SIGNATU	IRE: SIGNATUR AND TYPE	ED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECT	OR	PAUL (GRIESMEE 4/18/91	0 407 De	. 478 aytime Phone	7882