FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015253 (5)

1. Corporation Name
ANL CORPORATION

Principal Place of Business
~~5305 GULF DRIVE~~
~~NEW PORT RICHEY FL 34652~~

Mailing Address
~~5305 GULF DRIVE~~
~~NEW PORT RICHEY FL 34652~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: —
4. FEI Number: 59-3229110 — [ ] 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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2338 U.S. 19	26 2338 U.S. 19
22 Suite, Apt #, etc: Suite 201	27 Suite, Apt #, etc: Suite 201
23 City & State: Holiday, FL	28 City & State: Holiday, FL
24 Zip: 34691 — 25 Country: USA	29 Zip: 34691 — 30 Country: USA

9. Name and Address of Current Registered Agent

~~JEWELL, JOHN P~~
~~16120 U.S. HIGHWAY 19 NORTH~~
~~STE. 210~~
~~CLEARWATER FL 34624~~

10. Name and Address of New Registered Agent

81 Name: Enrique Y. Galura
82 Street Address (P.O. Box Number is Not Acceptable): 2338 U.S. 19
83 Suite 201
84 City: Holiday — FL — 85 Zip Code: 34691

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] PRESIDENT — DATE 16 [illegible] 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	P — [ ] Change [X] Addition
NAME	GALURA, ENRIQUE Y	1 2 NAME	
STREET ADDRESS	5305 GULF DRIVE	1 3 STREET ADDRESS	2338 U.S. 19, SUITE 201
CITY ST ZIP	NEW PORT RICHEY FL 34652	1 4 CITY ST ZIP	HOLIDAY FL 34691
TITLE		2 1 TITLE	[ ] Change [ ] Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 16 Jun 95 — Daytime Phone #: (813) 934 5853

0304203 CP