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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Apr 11 1997 8:00am
Secretary of State

DOCUMENT # **P94000050306 (7)**
1. Corporation Name

ANYTHINGS POSSIBLE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 950489 **LAKE MARY FL 32779**	**POST OFFICE BOX 950489** **LAKE MARY FL 32795-0489**

3. Date Incorporated or Qualified	3a. Date of Last Report
07/05/1994	**04/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 P.O. Box 15348	26 P.O. Box 15348	**59-3262729**		Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	☒ $8.75 Additional Fee Required	
23 City & State Tallahassee, Fl.	28 City & State Tallahassee, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	
24 Zip 32317-5348 25 Country USA	29 Zip 32317-5348 30 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINN, LINDA L 2101 WEST STATE ROAD 434 STE. 217 LOMGWOOD FL 32779	81 Name Linda L. Finn 82 Street Address (P.O. Box Number is Not Acceptable) 295 Walnut Ridge Circle 83 84 City Lake Mary FL 85 Zip Code 32746

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 **Linda L. Finn, Pres.**
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE P	☒ Change ☐ Addition
NAME FINN, LINDA L		1.2 NAME Finn, Linda L.	
STREET ADDRESS POST OFFICE BOX 950489 (NA)		1.3 STREET ADDRESS P.O. Box 15348 (NA)	
CITY-ST-ZIP LAKE MARY FL 32795		1.4 CITY-ST-ZIP Tallahassee, Fl. 32317-5348	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Linda L. Finn, Pres.   4-7-97   904-309-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0061568