FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000050885 (0)**

1. Corporation Name

ANAMEDASH, INC.

Principal Place of Business	Mailing Address
3731 NW 53RD ROAD GAINSVILLE FL 32653	3731 NW 53RD ROAD GAINSVILLE FL 32653

2. Principal Place of Business
21 314 Sabal Park Place
Suite, Apt. #, etc.
22 APT 104
City & State
23 Longwood FL
Zip 24 32779 Country 25 USA

2a. Mailing Address
26 ← - SAME AS TO LEFT -
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report: 07/05/1995
4. FEI Number: 59-3256406 ☐ 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

9. Name and Address of Current Registered Agent

BINFORD, MICHAEL A
3728 NW 53RD LANE
GAINSVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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, Sections 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
Name	BINFORD, MICHAEL A	12 NAME	BINFORD, MICHAEL A
Street Address	3731 NW 53RD ROAD	13 STREET ADDRESS	314 Sabal Park Place Apt 104
City-St-Zip	GAINESVILLE FL 32653	14 CITY-ST-ZIP	Longwood, FL 32779
Title	☐ DELETE	21 TITLE	☐ Change ☐ Addition
Name		22 NAME	
Street Address		23 STREET ADDRESS	
City-St-Zip		24 CITY-ST-ZIP	
Title	☐ DELETE	31 TITLE	☐ Change ☐ Addition
Name		32 NAME	
Street Address		33 STREET ADDRESS	
City-St-Zip		34 CITY-ST-ZIP	
Title	☐ DELETE	41 TITLE	☐ Change ☐ Addition
Name		42 NAME	
Street Address		43 STREET ADDRESS	
City-St-Zip		44 CITY-ST-ZIP	
Title	☐ DELETE	51 TITLE	☐ Change ☐ Addition
Name		52 NAME	
Street Address		53 STREET ADDRESS	
City-St-Zip		54 CITY-ST-ZIP	
Title	☐ DELETE	61 TITLE	☐ Change ☐ Addition
Name		62 NAME	
Street Address		63 STREET ADDRESS	
City-St-Zip		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Michael A Binford PRES. Michael A. Binford, PRES. 2-25-96 407-865-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #