FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400050885 1. Corporation Name

ANAMEDASH, INC.

Principal Place of Business Mailing Address 740 TIMACUAN BLVD 740 TIMACUAN BLVD LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Quatifed 07/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3256406 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 24 25 30 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BINFORD, MICHAEL A 740 TIMACUAN BLVD Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 City Zip Code 85 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 of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE BINFORD, MICHAEL A NAME

CR2E034 (11/98)

STREET ADORESS	740 TIMACUAN BLVD	1.3 STREET ADDRESS	,	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	Н
NAME		22 NAME		1
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	· Change Addition	4
NAME	•	3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	$\left\{ \right.$
IAME		4. 2 NAME		
TREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY-ST-ZiP		ĺ
mle	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	1
IAME		5.2 NAME		ĺ
TREET ADDRESS		5.3 STREET ADDRESS		
ITY-ST-ZIP		5.4 CITY-ST-ZIP		ı
TLE	☐ DELETE	6.1 TITLE	Change Addition	1
AME		6.2 NAME	, Shango (Auditor)	
TREET ADDRESS		6.3 STREET ADDRESS		
ITY-ST-ZIP		6.4 CITY-ST-ZIP	·	
I hereby ce	rtify that the information supplied with this filing does not qualify for the	exemption stated	In Section 119 07/3Vi). Florida Statutes, I further cortify that the information	J

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati officer or director of the corporation or the receiver or trustee empowered of 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 an other like empowered.

SIGNATURE:

42 Michael A Binford PRESIDENT

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90051 002 ***150.00