

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90035 021 ***150.00

DOCUMENT # P94000057138

1. Corporation Name
ANINGA, INC.



Principal Place of Business

786 S ORANGE AVE
STE B
SARASOTA FL 34236
US

Mailing Address

786 S ORANGE AVE
STE B
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2648 BELVOIR BLVD

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL 34237

Zip Country

24 34237 25 US

2a. Mailing Address

26 2648 BELVOIR BLVD

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FL

Zip Country

29 34237 30 US

3. Date Incorporated or Qualified

08/02/1994

4. FEI Number

65-0514279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

9. Name and Address of Current Registered Agent

LENCK, ANNA M
770 S PALM AVE
SUITE 1804
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Ingeborg S. CREWDSON

82 Street Address (P.O. Box Number is Not Acceptable)

2648 BELVOIR BLVD

83

84

City

Sarasota

FL

85 Zip Code

34237

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LENCK, ANNA M
770 S. PALM AVE., #1804
SARASOTA FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CREWDSON, INGEBORG S.
2648 BELVOIR BLVD.
SARASOTA FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P.D.T.S. ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99 941 955 9959

CR2E034 (1/98)

0475609