

2-20-98 B NC
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060927 (8)
1. Corporation Name
ANCHOR ENTERPRISES OF JENSEN BEACH, INC.

Principal Place of Business
1012 N.E. ANCHORAGE LN.
JENSEN BCH. FL 34957

Mailing Address
2440 JEROME AVE.
BRONX NY 10468




DO NOT WRITE IN THIS

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0528388	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BODEM, LOREN E 815 COLORADO AVE. SUITE 305 STUART FL 34994				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 607.0502 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:  DATE: 2/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOSEPH	1.2 NAME	
STREET ADDRESS	3 LAKESIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, CHAE O	2.2 NAME	
STREET ADDRESS	21 HENRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ 07024	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANG, HOI K	3.2 NAME	
STREET ADDRESS	41-84 54TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE NY 11372	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JUNG C	4.2 NAME	
STREET ADDRESS	15 E HARRIETT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALLISADES NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, BYONG S	5.2 NAME	
STREET ADDRESS	5582 CAND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11215	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUN, KANG YOO	6.2 NAME	
STREET ADDRESS	2 FOXHURST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY	6.4 CITY-ST-ZIP	

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 addition with an address.

SIGNATURE:  DATE: 2/14/98

CR2E034 (10/97)