


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90192 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060927

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 10469
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/15/1994	4. FEI Number 65-0529388	Applied For Not Applicable
24		25		29		30
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

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	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANG, HOI K	3.2 NAME	
STREET ADDRESS	41-64 54TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE NY 11372	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)