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

**PROFIT** CORPORATION ANNUAL REPORT

1998

4

9.1

見りなり



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000000166 (5)

ANORTHITE OF FLORIDA, INC.

Principal Place of Business ONE SE THIRD AVE. 1400

Mailing Address

## **FILED** Apr 09 1998 8:00am Secretary of State



ONE SE THIRD AVE. 1400 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0554029 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. Yes No Zip Zip Country 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COPROLITE CORPORATION ONE SE THIRD AVE. 1400 82 Street Address (P.O. Box Number is Not Acceptable) 1400A SUNBANK INTERNATIONAL CTR. 83 **MIAMI FL 33131** 84 City 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 INOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE DPT 1.1 TITLE FUHRMANN, PETER 1.2 NAME NAME 700 SE 3RD AVE STE 300 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE STERNLIEB, HERBERT NAME 2.2 NAME 700 SE 3RD AVE, STE 300 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Channe Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 of 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: