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

PROFIT **CORPORATION ANNUAL REPORT**

1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUI 1. Corporation	MENT # P9500	0007314 (4	.)		
IMAGES	BY ANTHONY, INC.			1 1001/1001 JAO 10/01 BANK BANK BANK BANK BANK BANK	18111 18888 (1181 1181) <u>(181</u>
District Oler	* Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	N. W. B. Chiller			
Principal Place of Business		Mailing Address			9111 79 27 2 1121 1121 1121 1121
2081 S.W. 70TH AVENUE BAY H 19		2081 S.W. 70TH AVENUE BAY H 19			
DAVIE FL 33317		DAVIE FL 33317		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified 01/24/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0562729	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	/
24	25	[29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
	NON, ANTHONY		81 Name		
	1 S.W. 70TH AVENUE		82 Street A	address (P.O. Box Number is Not Acceptable)	
l	/ H 19 //E EL 22217		83		
יאט	VIE FL 33317				
			84 City	F	85 Zip Code
11. Pursuani t	to the provisions of Sections 607 050	02 and 607.1508, Florida Stat	tutes, the above-named c		
office or re	egistered agent, or both, in the State of familiar with and accept the oblid	: of Florida, Such change wa	is authorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I heroby accept the a	ppointment as registered
SIGNATURE	and the same that the same has an energy	atons or, occurrence access,	Titalia diames.		
	Signature by ed or predect own end in gestere Lag	ent and title if applicable (N	ICITE Registered Agent signature re	expurred when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	· ———
TITLE	P AANAN ANTHANY	☐ DELETE	1.1 TITLE		Change Addition
NAME	CANON, ANTHONY 2081 SW 70TH AVE BAY H-1	٨	1.2 NAME.		
STREET ADDRESS	DAVIE FL 33317	9	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVIE FL 33317	DELETE	1.4 COLY-S1-ZIP 2.1 TUTLE		Change Addition
NAME		□ nett ve	2.1 TILE.		F1 custific F1 vocation
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-7IP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-7IP		
TATLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dourte	4 4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TillE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	,	Change Addition
NAME		peerte	6.2 NAME		The cutting to the continue of
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. 7IP	*,		6.3 STREET ALIDRESS		İ

14. Thereby 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 eath; 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 13 if chapter 607, or on an attachment with an address

May 21 1998 8:00am

Secretary of State