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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000029455 (9)

AUTUMN'S ANCHOR, INC.

## FILED Apr 24 1997 8:00am Secretary of State



1057 US HWY	e of Business 82 W	Mailing Address 1057 US HWY 92 V				ABred Nillin (1944) (	DANAL MELAI	T EAST AND A
AUBURNDALE (		AUBURNDALE FL 3						
					3. Date Incorporated or Qualified 04/11/1995	3a. Date o		leport
2. Principal P	Mis Anchor Inc	2a. Mailing Addre	ess		4. FEI Number 59-33 18392		<del></del>	oplied For of Applicable
3 100 L	S. LAKE HOWARD.C	Suite Ant # 4	etc.		5. Certificate of Status Desired	□ \$	8.75	Additional equired
City & Stat	e Haven, FloriDA	City & State		<del>,</del>	Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be
··· Albanic	Country	Zip		ountry	8. This corporation has liability for in			
24] <i>3</i> 38		29	30	<del></del>		Yes 🔀 N		
	9. Name and Address of Curren	nt Registered Agent		041 34	10. Name and Address of New Reg	gistered Age	nt	
	NSON, LARRY O			81 Name				
1057 U.S. HIGHWAY 92 WEST AUBURNDALE FL 33823				82 Street A	at Address (P.O. Box Number is Not Acceptable)			
NOP	ormorae re occas			83				······································
				84 City		<b></b> 8	5 Zip	Code
44 0	to the engineer of Parties CCT Of C	10 and 602 1509 Fig. 24	o Cantudo - At -	shoup come	corporation submits this statement for the p			to comintant
agent. La SIGNATURE	in familiar with, and accept the obligation of the obligation of the stered age.				oration's board of directors. I hereby acceptions are acceptionally acception or a second or acception of the second of the second or acception or acception of the second or acception or acception or acception or accept	DATE		
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				1				
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To never certify that the information supplied with this filling dose not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if furner certify that the information indicated on this annual report is 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 Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NAME OF BOTH OF PRINTED NAME OF BONING OFFICER OR DIRECTOR

941-665-8515 Daytme Phyne #