## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000029645 (5)

ANNSEY DEVELOPER CORP.

## **FILED** Sep 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 625 \$ 20TH AVE #4 625 \$ 20TH AVE #4					
HOLLYWOOD FL \$3020		HOLLYWOOD FL 33020			DO NOT HIDITE IN THE COLOR
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address			<b>04/14/1995 08/08/1996 4.</b> FEI Number Applied For
21		26			65-0577339 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			6. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	1 -	<del></del>	Trust Fund Contribution Added to Fees
Zip	Country	<b>7</b> ip  ¬	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25 S. Name and Address of Current	Pagislared Agent	30		Personal Property Tax due June 30. Yes No
<u> </u>				81 Nam	10. Name and Address of New Registered Agent
	Orporation information serv 201 Hayes St	VIUES, INU.			
	ALLAHASSEE FL 32301			82 Stree	et Address (P.O. Box Number is Not Acceptable)
l li	ALLANMOSEE PL 32301			83	
•					
			ſ	64 City	FL 85 Zip Code
11. Pursuan	It to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the ah	l ove-name	and corporation submits this statement for the purpose of changing its registered
10 90110	registered agent, or both, in the State of am familiar with, and accept the obligation	of Horida. Such change was a	authorized	by the co	corporation's board of directors. I hereby accept the appointment as registered
-		oona or, adoudin buzzen, ne	JINA SIAIL	nes.	
SIGNATURE	Signature, typed or printed name of registered agent	I and tille if applicable. (NOT	F Registered	Ageril signat	sture required when reinstating) DATE
12.	OFFICERS AND	/- X-01-4-1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITE	.E	Change Addition
NAME	BEAUBOEUF, SEYMOUR		1.2 NA	ИÉ	
STREET ADDRESS	1		1.3 STR	EET ADDRES	SS
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CIT	Y - ST - Z(P	
TITLE	AD	DELETE	2.1 111	. <b>E</b>	Change
NAME	M BEAUBOBUF, ANNA		2.2 NAM	ΛE	
STREET ADDRESS			2.3 STR	EE1 ADDRES	ss
CITY-ST-ZIP	HOLLYWOOD FL			Y-ST-ZIP	
TITLE		DELETE	3.1 1171	.E	☐ Change ☐ Addition
NAME			3.2 NAN	ΛE τ .	
STREET ADDRESS			3.3 STR	eet addres:	os
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITU		Change Addition
NAME			4. 2 NA		
STREET ADDRESS			4.3 STR	EET ADDRES	SS
CITY-ST-ZIP		Dr. Far		-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		Change Addition
NAME			5.2 NAN		
STREET ADDRESS			5.3 S18	EE1 ADDRESS	SS
CITY-ST-ZIP	<b>_</b>	TT on one		- ST-ZIP	
TITLE		☐ DELETE	6.1 TITL		Change Addition
NAME			6.2 NAN	ME .	400002303324 -09/25/9701063021
STREET ADDRESS			6.3 STR	EET ADDRESS	s   -09/25/9/01063021 (\(\alpha\)\(\alpha\)
CITY-ST-ZIP			6.4 City	(-S1-7IP	***550.00

I do 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 16 if changed, or on an attachment with an address.