

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000043765 (3)**

1. Corporation Name:

LOUIS ANTHONY & ASSOCIATES, INC.



Principal Place of Business:

**898 S.W. 17TH STREET
BOCA RATON FL 33486**

Mailing Address:

**898 S.W. 17TH STREET
BOCA RATON FL 33486**

2. Principal Place of Business:

21 **898 Sw 17 Street**

22 Suite, Apt. #, etc.

23 City & State:

Boca Raton, Fl.

24 Zip **33486**

25 Country **USA**

2a. Mailing Address:

26 **-Same-**

27 Suite, Apt. #, etc.

28 City & State:

29 Zip

30 Country

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

4. FEI Number

68-0629111

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**JAYNES, DAVID A
222 PICCADILLY STREET
SUITE 100
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

Curtis, Barbara

82 Street Address (P.O. Box Number is Not Acceptable)

849 S. Federal Hwy 8th Ave

83

Suite # 5

84 City

Deerfield Bch., FL

85 Zip Code

33441

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registering an 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

Barbara Curtis

(Print Name of Agent or Secretary of Corporation)

7/9/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VERDIBELLO, ANTHONY	
STREET ADDRESS	898 S.W. 17TH STREET	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 change of name on an attachment with an address.

SIGNATURE:

A. Verdibello

A. Verdibello, Pres.

DATE

7/25/96 407 3385 785

Day, Date, Florida #

CR2E034 (12/95)