

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra F. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000072795 (4)**

1. Corporation Name

ANA MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

**2212 DONATO DRIVE
BELLEAIR BEACH FL 34634
US**

Mailing Address

**P.O. BOX 361
INDIAN ROCKS BEACH FL 33785-0361
US**

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

08/15/1996

2. Principal Place of Business

21 205 HARRISON AVE.

Suite, Apt. #, etc.

22

City & State

23 BELLEAIR BCH. FL.

Zip

24 33786

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 361

Suite, Apt. #, etc.

27 INDIAN ROCKS

City & State

28 INDIAN ROCKS BCH. FL.

Zip

29 33785

Country

30 U.S.A.

4. FEI Number

APPLIED FOR 59-3335744

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **ALBINO, MARC A**

STREET ADDRESS **104-C 18TH AVENUE**

CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

TSD

☒ Change

☐ Addition

1.2 NAME

ALBINO, MARC A.

1.3 STREET ADDRESS

205 HARRISON AVE.

1.4 CITY-ST-ZIP

BELLEAIR BCH. FL. 33786

2.1 TITLE

P

☐ Change

☒ Addition

2.2 NAME

KADER, ZAI

2.3 STREET ADDRESS

2213 DONATO DR

2.4 CITY-ST-ZIP

BELLEAIR BCH. FL. 33786

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

COOPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

(813) 595-1106

Daytime Phone #

0394908

CR2E034 (9/96)