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

FILED Mar 12 1997 8:00am Secretary of State

Principal Place of Business A00 HGH POINT DRIVE STE 375 STE 300 DOCUMENT # P95000080693 (1) R. ANDERSEN FINANCIAL, INC. Mailing Address 400 HGH POINT DRIVE STE 375 STE 300 STE 300					
STE 300 COOOA FL 32026		COCOA FL 32926-6830			
us .		US		3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 04/24/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	26 Suite, Apt. #, etc.		APPLIED FOR 59-337	
SUILE, ADI.	w, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	В	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for int	
4	9. Name and Address of Curren	29	30]	10. Name and Address of New Regi	Yes No
AND	ERSEN, ROBERT E JR.		81 Name	in the second section in the second section in the second	
400 HIGH POINT DRIVE STE 375 COCOA FL 32926			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	YAN I E ADARA		83	, 	
			84 City	·	■■ B5 Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State	12 and 607.1508, Florida Statu of Florida, Such change was	ites, the above-named cor authorized by the corpora	rporation submits this statement for the pure	pose of changing its registered
agent. I a	m familiar with, and accept the oblig-	ations of Section 607.0505, F	lorida Statutes.	ation's board of directors. I hereby accept	and appointment so registers
SIGNATURE	Signature, typed or printed name of registered age	and title if auglicable (NO	TF: Registered Agent signature regi	illed when reinstaling	DATE
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	DELETE	1.1 TITLE		XX Change Addition
NAME	ANDERSEN, ROBERT E JR.		1.2 NAME	O HION DOINE DOINE	011788 000
STREET ADDRESS	7190 NO.US 1 APT. 202			OO HIGH POINT DRIVE	, SULTE 300
CITY-ST-ZIP	COCOA FL 32927	DELETE		OCOA, FL 32926	Date:
TITLE		DELETE.	2.1 TITLE		Change Addition
NAME CTOTET LODDICE	l		2.2 NAME	· ·	
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP		
TITLE		DELETE	3.1 TITLE	\$ a.5	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME (4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-Zip Title		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		المام المام	5.2 NAME :		CT Australia CT Vacition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	61 TILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		•
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6.4 CITY - ST - ZIP		
14. I do heret Informatio I am an of appears i	by certify that the intermetion supplier in indicated of this annual report or s fficer or director of the corporation or in Block 12 or Block 13 If Tianges, o	a with this filing does not qual supplemental annual report is the receiver or trutice empor rantan attachment with an ad	ity for the exemption state frue and accurate and that wered to execute this repo ldress.	d in Section 119.07(3)(i), Florida Statutes, at my signature shall have the same legal cort as required by Chapter 607, Florida Sta	I further certify that the effect as if made under oath; that tutes; and that my name

407 639-7300