

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90020 013 ***158.75

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1. Entity Name
ANJO ASSOC., INC.

Principal Place of Business

**8011 49TH STREET NORTH
 PINELLAS PARK FL 34665**

Mailing Address

**P O BOX 645
 PINELLAS PARK FL 33780-0645
 US**

632538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10615 BARDES CT.

3. Mailing Address

10615 BARDES CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO FL

City & State
LARGO FL

4. FEI Number **59-3368750**

Applied For
 Not Applicable

Zip
33777

Country
~~FLORIDA~~

Zip
33777

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIFABIO, JOSEPH W
 8011 49TH STREET NORTH
 PINELLAS PARK FL 34665**

7. Name and Address of New Registered Agent

Name **JOSEPH W. DIFABIO**
 Street Address (P.O. Box Number is Not Acceptable) **10615 BARDES COURT**
 City **LARGO FL 33777**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	DIFABIO, JOSEPH W	8011 49TH ST NORTH PINELLAS PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	JOSEPH W. DIFABIO	10615 BARDES CT. LARGO FL 33777	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH W. DIFABIO** *[Signature]* **3/29/00** **545-4288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)