

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

FILED  
Feb 02 1998 8:00am  
Secretary of State

**DOCUMENT # P96000016923 (0)**

1. Corporation Name

**ANSCA DEVELOPMENT GROUP, INC.**



Principal Place of Business

Mailing Address

**3333 S. CONGRESS AVENUE  
SUITE 403  
DELRAY BEACH FL 33445**

**3333 S. CONGRESS AVENUE  
SUITE 403  
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1996**

4. FEI Number

**59-2489966**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FORT LAUDERDALE FL 33311**

81 Name

**SCARDINA, ANGELO**

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

**3333 SO. CONGRESS AVE.**

83

**SUITE 403**

84

**DELRAY BEACH**

**FL**

85

**Zip Code  
33445**

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 date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SCARDINA, ANGELO**  
STREET ADDRESS **8273 VIA DIVENETO**  
CITY-ST-ZIP **BOCA RATON FL 33496**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **SCARDINA, ANGELO**  
1.3 STREET ADDRESS **3333 SO. CONGRESS AVE. STE. 403**  
1.4 CITY-ST-ZIP **DELRAY BEACH, FL. 33445**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 file 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.

CR2E034 (10/97)