

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
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DOCUMENT # **P96000042484 (1)**

1. Corporation Name

ANDERSILK, INCORPORATED

Principal Place of Business	Mailing Address
1 BEACH DRIVE S.E., SUITE 1201 ST. PETERSBURG FL 33701	1 BEACH DRIVE S.E., SUITE 1201 ST. PETERSBURG FL 33701

FILED
May 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1986	4. FEI Number 59-3429979	<input checked="" type="checkbox"/> Applied For APPLIED FOR	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL
85	Zip Code

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

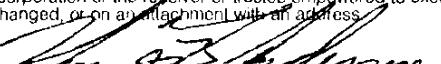
(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> ANDERSON, JOHN F	<input type="checkbox"/> 1.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> 1 BEACH DRIVE S.E., SUITE 1201	<input type="checkbox"/> 1.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> ST. PETERSBURG FL 33701	<input type="checkbox"/> 1.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS		<input type="checkbox"/> 2.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 2.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 2.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS		<input type="checkbox"/> 3.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 3.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 3.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS		<input type="checkbox"/> 4.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 4.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 4.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS		<input type="checkbox"/> 5.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 5.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 5.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS		<input type="checkbox"/> 6.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 6.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 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 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:  John F. Anderson 4/26/98 (813) 823-4496