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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Şaijdra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000051935** (0)

ANH, INC.

Principal Place of Business

POST OFFICE BOX 799

Mailing Address

POST OFFICE BOX 789

FILED Jun 13 1997 8:00am Secretary of State



WINTER HAVEN FL \$3882-0799	WINTER HAVEN FL 33882-079	99	ļ	
			3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	111 C	4. FEI Number	Applied For
21 199 65551, NW	26 40 BOX / 8	147 (184	59-3416294	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 WINTOR HAVEN, FL	City & State 28 W INTER H	even, Fr	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33881 25 USA	29 3388 2 3	o USA	This corporation has liability fo Florida Statutes	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	,	81 Name 82 Sirect 83 2 84 City	TULA M. HAFF Address (P.O. Box Number is Not Accepte Adde LL AND ROT OP PALMETTO	18 18 18 18 18 18 18 18 18 18 18 18 18 1
11. Pursuant to the provision of Sections 607,050; office or repitate of agent, of both, in the field agent. I am familiar with a light acceptable biling SIGNATURE:	lors C, Sector 607.0705 Florid	da Statules.	corporation submits this statement for the coration's board of directors. I hereby according to the corporation of the corporat	
18. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE PRES-SEC	DELETE	11 101LE	PROGREE DIRECTOR	☐ Change ☐ Addition
NAME L'ONDIGHT HILL). F	IART	1 2 NAME	ROMERT HW. HART 1996 to St. NW	
STREET ADDRESS 199 6Th STREET,	NW	13 STREET ADDRESS	1996 TA St, NW	2001
STREET ADDRESS 1996TA STREET, CITY-ST-ZIP WINTER HAVEN, F	L 33881	1.4 CITY - ST - ZIP	WINTER HAVEN , FL 3:	28.5.1
TITLE	☐ DELETE	2 1 TITLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
TIME	☐ octate	3.1 TITLE		Charige C Addition
NAME NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELFTE	3.4. CITY-ST-ZIP 4.1 TillE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 YITLE		Change Addition
NAME	_	5.2 NAME		_ • -
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-\$1-2IP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-7IP		

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 coloration 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 it changed, or on an attachment with an address.

& Robert H. W. Hart 4 1.29/ 97