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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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Mar 20 1997 8:00am

Secretary of State

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## 1997 DOCUMENT # P96000067578 (0)

ANDERSON EXPRESSIONS, INC.

Daniel	Maille a Address			<b>36</b> 111 <b>6</b> 1111 (613) <b>9</b> 1111 1	COR I 1051 (COR
Principal Place of Business	Mailing Address	LI BILVID	•		
1824 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957	1824 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34867-7234				
			3. Date Incorporated or Qualified 08/14/1996	3a. Date of Las	t Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u>'</u>	Applied For
11	[26]		45-04899	41	Not Applicable
Suite, Apt. #, etc. 2]	Suite, Apt #, etc		5. Certificate of Status Desired	7 .	5 Additional Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip Country		Country	8. This corporation has liability for		
4 25	29	30		Yes No	
	ss of Current Registered Agent		10. Name and Address of New Re	gistered Agent	
KOHL, N D JR		81 Name			
50 S.E. KINDRED STREET STUART FL 34994		82 Street	Address (P.O. Box Number is Not Acceptate	ole)	
		83			
		84 City		les l	in Code
		84 City		FL  85   7	ip Code
11. Pursuant to the provisions of Secti	ions 607,0502 and 607,1508, Florida State	ites, the above-named	corporation submits this statement for the p	ourpose of changin	g its registere
office or registered agent, or both, agent I am familiar with, and acce	, in the State of Florida. Such change was ept the obligations of, Section 607.0505, F	authorized by the corplorida Statutes.	poration's board of directors. I hereby accep	ot the appointment	as registered
CICMATURE					
SIGNATURE Segration by a compression re-	of registers Lage It and blood applicable (NC	OTE: Registered Agent signature		DATE	
logi alber typa a och reked tskine.	LICERS AND DIRECTORS	OTE: Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
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