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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000069403 (9)

ANOAL	PHA, INC.								
Principal Plac	e of Business	Mailing Address				-{			
ATTN: MARIA BALAZ 2439 BEE RIDGE ROAD SARASOTA FL 34239		ATTN: MARIA BALAZ 2439 BEE RIDGE ROAD SARASOTA FL 34239		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						08/19/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26		65-0694611			ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & Stat	Δ	City & State							equired
23	o	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the c			
24	25	⊢ '	30	•		Personal Property Tax due June 30.	Yes		A NO
	9. Name and Address of Curre	nt Registered Agent	T.			10. Name and Address of New Registered	J Ageni	1	
SM	IALLWOOD, ROBERT T II		6	11 1	Vame				
1715 STICKNEY PT ROAD				2 5	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	RASOTA FL 34231				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			8	3					
			8	4 (City		85	Zip	Code
					•	FI	┕╵		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered ag					oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	pointme	∌nt as	registered
12.		ID DIRECTORS	13.	MOIN 6	ignacine requirec	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOF	RS IN 12
TITLE	D			1.1 TITLE			□ c		Addition
NAME	BAUMGARTNER, ANDREAS		1.2 NAM	1.2 NAME					
STREET ADDRESS	LEOPOLOSGASE 6 1020		1.3 STRE	ET ADI	DRESS				
CITY - ST - ZIP	WEIN AUSTRIA	T occurr	1.4 CITY		IP		LIA		I Lawren
TITLE	D	-		2.1 TITLE			∐ Ci	iange	Addition
NAME	MINARIKOVA, KATRINA			2.2 NAME					
STREET ADDRESS	LEOPOLDSGASE 6 1020		2.3 STREET ADDRESS						
CITY-ST-ZIP	WEIN AUSTRIA			2. 4 CITY-ST-ZIP 3.1 TITLE			☐ CI	hanno	Addition
TITLE NAME			3.1 INLE		1			MI INC	LT AUDIDON
STREET ADDRESS			3.3 STRE		ADECC				
CITY-ST-ZIP									
TITLE		☐ DELEY E		3.4. CITY-ST-ZIP 4.1 TITLE		<u> </u>	Ci	nange	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY]				
TITLE		☐ DELET E	5.1 TITLE				CI	nange	Addition
NAME			5.2 NAME	Ē					
STREET ADDRESS			5.3 STRE	ET ADD	DRESS				
CITY-ST-ZIP			5.4 CITY-						_
TITLE	······································	DELETÉ	6.1 TIŢLE				☐ CI	iange	Addition
NAME			6.2 NAMI	E					
STREET ADDRESS			6.3 STRE	ET ADO	DRESS				
CITY-ST-7IP			64 CITY	. ST. 71	p				

14. I hereby certify that the information supplied with this filing does not qualify or 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 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.

ANDREAS BAUMGARTHER