

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90169 007 ***150.00

DOCUMENT # P96000079848

1. Entity Name
ANKUS & ANKUS, INC.

603094



DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 S PINE ISLAND RD 254 PLANTATION FL 33324 US	Mailing Address 300 S PINE ISLAND RD 254 PLANTATION FL 33326-3225 US
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2. Principal Place of Business 1525 NORTH PARK DRIVE Suite, Apt. #, etc. 102 City & State WESTON, FLA. Zip 33326 Country BROWARD	3. Mailing Address 1525 NORTH PARK DRIVE Suite, Apt. #, etc. 102 City & State WESTON, FLA. Zip 33326 Country BROWARD
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4. FEI Number 65-0705391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INCORPORATORS PLUS, INC.
 1214 N. UNIVERSITY DRIVE
 PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name **JOSEPH E ANKUS**
 Street Address (P.O. Box Number is Not Acceptable)
1525 NORTH PARK DRIVE #102
 City **WESTON** FL Zip Code **33326**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **JOSEPH E. ANKUS** DATE **1/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANKUS, JOSEPH E 300 S. PINE ISLAND ROAD 254 PLANTATION FL 33394	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1525 NORTH PARK DRIVE #102 WESTON, FLA. 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH E. ANKUS, president** DATE **1/11/00** DAYTIME PHONE # **(954) 349-3663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)