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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000101876**1. Corporation Name

ANS INVESTMENTS & BROKERAGE, INC.

Principal Place of Business
4711 HIGHLANDS PLACE DR
LAVELAND EL 22012

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

4711 HIGHLANDS PLACE DR LAKELAND FL 33813

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90013 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

3. Date incorporated or Qualifed

5. Certificate of Status Desired

12/16/1996 4. FEI Number

59-3414406

22		27										
City & State			City & State			J	ion Campaign Fir Fund Contributio	_		\$5.00 Added t	-	
Zip	Country	1 '	Zip Co				8. This	corporation owes	the curre	ent year In	tangible	
¬ '				30			1	onal Property Tax			⊠Yes	□No
24	9. Name and Address of Current		stered Agent	1,501			<u> </u>	e and Address o		egistered	Agent	
	V. Name and Address of Current	· vog.	Sicred Figure		81	Name				-		
PATE	EL, DILIP J			Į			•	•			·	
4711 HIGHLANDS PLACE DR LAKELAND FL 33813					82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
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LAN	LLAND I E 33013				83			<b>,然</b> 時的變變			建设	
					84	City		* * * * * * * * * * * * * * * * * * *			85 Zip (	Code
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office of reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the section of t	f Flori ons o	ida. Such change was f, Section 607.0505, FI	autnonzed orida Statu	by ites.	me corporatio	on s board of	directors. There	t for the	t the appo	r changing its intment as re	registered gistered
12.	OFFICERS AND	DIR	ECTORS	13.			ADDIT	IONS/CHANGES	TO OF	ICERS A	ND DIRECTO	
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NAME	PATEL, DILIP J			1.2 NA	ME.						•	
STREET ADDRESS	4711 HIGHLANDS PLACE DR			1.3 ST	REET	ADDRESS					•	
	LAKELAND FL 33813			1.4 CIT					. '			
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TITLE	I and the second of the second			6.2 NA	ME	i						
NAME												
				6.3 ST	REET	ADDRESS						
NAME STREET ADDRESS	certify that the information supplied with			6.4 CIT	IY-\$1	Γ-ZIP		-				

officer or director of the corporation or the receiver of takee 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, with all other like empowered.

SIGNATURE: