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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000003413 (6)

ANHA, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BOUELVARD 1555 PALM BEACH LAKES BOUELVARD SUITE 1000 **SUITE 1000** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1997 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 65-0748013 21 Not Applicable 26 4420 Beacon Circle 1116 Grand Cay Drive Suite, Apt. #, oto Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 100 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Palm Beach Gardens, FI 28 West Palm Beach, 23 Added to Fees **Trust Fund Contribution** Country Country 8. This corporation owes or has paid the current year Intangible 24 25 | 29 | 33407 USA Personal Property Tax due June 30. Yes Yes [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAMON, CONRAD Damon, Conrad Esq.
Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BOUELVARD 82 **SUITE 1000** 4420 Beacon Circle 83 WEST PALM BEACH FL 33401 Suite 100 84 City Zip Code 33407 West Palm Beach 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 THLE NAME 1.2 NAME Archi, Anneliese STREET ADDRESS 1.3 STREET ADDRESS 1116 Grand Cay Drive Palm Beach Gardens, FL 33418 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITEF 3.1 10116 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIF DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - S1 - ZIP DELETE ___ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 eath, 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

CICMATURE.

STREET ADDRESS CITY-ST-ZIP

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3/2/196