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 # 1. Corporation Name P97000003413

ANHA, INC.

·							
Principal Place	of Business	Mailing Ad	dress				(1881/184 (18 181)) 186() 68() 68() 68() 68() 68() 68() 68()
1116 GRAND C	AY DR	4420 BEAC	ON CIR				
SUITE 1000		100		40-			DO NOT WRITE IN THIS SPACE
PALM BEACH G	ARDENS FL 33418	WEST PAL US	M BEACH FL 33	407			3. Date Incorporated or Qualifed
US		00					01/13/1997
2 Principal Pl	ace of Business	2a, Mailin	Address				4. FEI Number Applied For
21		26	•				65-0748013 Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					- F.ee.Requireo
City & State	e	City &	State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29		30			10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered A	tgent		81	Name	10. Hame and Addition of New Augustana,
DAM	ON, CONRAD					.,,	
4420 BEACON CIR					82	Street A	ddress (P.O. Box Number is Not Acceptable)
STE					83		
	T PALM BEACH FL 33407						
					84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statut	es, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblica	of Florida, Suc	n change was a	utnorized	יעסו	tne corbor	ration's board of directors. I hereby accept the appointment as registered
	Till farmilar and accept the contra	7				•	1112199
SIGNATURE	Signature, typed or printed name of resistered agen	it and title in oplic b	e. CNOTE	Registered	l Agent	t signature rec	quired when reinstating) DATE
12.	OEFICERS AN	D BIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TI	ΠE		Change Addition
NAME	archi, anneliese			1.2 N	AME		
STREET ADDRESS	1116 GRAND CAY DR		1.3 STI			ADDRESS	!
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	3418		_	ITY-ST	r-ZIP	
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				2.2 N	AME	ADDRESS	☐ Change ☐ Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90085 038 ***150.00