PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027396

1. Corporation Name

ANKS, INC.

Principal Place of Business

Mailing Address

1471 COURT STREET CLEARWATER FL 34518 33756 1471 COURT STREET

CLEARWATER FL SEES 33756

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90082 024 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 03/26/1997	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3436350	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Codificate of Status Desired	5 Additional Required
City & Stat	de	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year Intangible	····
24	29	30			Personal Property Tax. Yes	□No	
	9. Name and Address of Current		LI.I			10. Name and Address of New Registered Agent	
KANTARAS, K D ESQ				81	Name		
2725	PARK DRIVE - SUITE 3 901	N. HERCULAS AL SUITA D. CARWATAR, 33765	1 CAENU	MC 82	Street Add	dress (P.O. Box Number is Not Acceptable)	
GHE	SEWATER FL 34823			83			
						FL	ip Code
office or c	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was at ons of, Section 607.0505, Flor	uthorize rida Sta	d by tutes	the corporati	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	registered
	Signature, typed or printed name of registered agent		: Registere	d Agen	t signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	DELETE			1.1 TITLE		Chang	ge 🔲 Addition
NAME	PATEL, SURESH B		1.2 N	IAME	Ì		
STREET ADDRESS		-4	1.3 5	TREET	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL MAN 33756		1,40	1,4 CITY-ST-ZiP			
TITLE		☐ DELETE	2.1 T	TILE		☐ Chang	ge Addition
NAME			2.2 N	IAME			
STREET ADDRESS			2.3 S	TREET	AODRESS	•	
CITY-ST-ZIP			2.40	CITY-S	T-ZIP		
TITLE		☐ DELETE	3.1 T	TILE		. Chang	e Addition
NAME			3.2 N	IAME	}		
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4.0	CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 T	TTLE		☐ Chanç	ge 🔲 Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	TREET	ADORESS		
CITY-ST-ZIP			_	ITY-S1	- ZIP		
TITLE		☐ DELETE	5.1 T		-	☐ Chang	ge
NAME				IAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				TY-S	r-ZIP		
TITLE		☐ DELETE	6.1 ℃			☐ Chang	ge 🗌 Addition
NAME			6.2 N	IAME			
STREET ADDRESS			6.3 S	TREET	ADDRESS		
CITY-ST-ZIP			6.4 C	ITY-SI	r-zip		

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.

SIGNATURE: