

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90359 020 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97 8000 50286
 1. Entity Name ANANIAS INC.

Principal Place of Business Mailing Address
P.O. Box 546465
SURFSIDE, FL 33154

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0757361 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHANG NANCY
1250 EAST HALLENDALE BEACH BLVD
HALLENDALE, FL 33009

7. Name and Address of New Registered Agent
 Name CHANG NANCY
 Street Address (P.O. Box Number is Not Acceptable)
1250 EAST HALLENDALE BEACH BLVD
 City HALLENDALE FL Zip Code 33009

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 NANCY CHANG DATE 4-30-01
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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	<u>CHANG NANCY</u> <input type="checkbox"/> Delete <u>1250 EAST HALLENDALE BEACH BLVD</u> <u>HALLENDALE, FL 33009</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HEITMANN JOERN</u> <input type="checkbox"/> Delete <u>P.O. BOX 546465</u> <u>SURFSIDE, FL 33154</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: [Signature] DATE 4-30-01 DAYTIME PHONE # 305-725-5953
Signature and typed or printed name of signing officer or director

C0068031

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)