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

PROFIT CORPORATION **ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 29 1998 8:00am Secretary of State

	MENT # P9700 ANNON INC.	00058358 (7)		######################################
Principal Plac	e of Business	Mailing Address		{	01181 10100 11181 E1101 1011 1041
898 SW 9TH	ì	898 SW 9TH TERRA	CF		,
BOCA RATON FL 33486 BOCA RATON FL 33486					WO DD 4 DT
				DO NOT WRITE IN TH	IS SPACE
	•			3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		07/02/1997 4. FEI Number	Applied For
21		26		65-0772956	Not Applicable
Suite, Apt.	#, •tc.	Suite, Apt. #, etc	<u>.</u>		\$8.75 Additional
22	<u>.</u>	27		5. Certificate of Stalus Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 A. Name and Address of Curr	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
D.4		on neglected rigen	81 Name	10. Hallio allo Addisos of Non Hogiston	74 Agoitt
	NNON, ANTHONY P				-Ti-
898 SM 9TH TERRACE BOCA RATON FL 33486			62 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
ы	OAHATON FL 33400		83		
	÷				
	· •		84 City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egit pered agent, or both, in the Stam tentiliar with, and accept the second sections of the second secon	502 and 607.1508, Florida S tle of Florida, Such change v politions of, Section 607.050	Matutes, the above-named cowas authorized by the corporate for the	orporation submits this statement for the purpositation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	ANTHONY PIRA	JNON DELETE	1.1 TITLE		Change Addition
NAME	898 S.W. 9ELT	=000/E	1.2 NAME		
STREET ADDRESS	B	ERENCE /	1.3 STREET ADDRESS		
CITY-ST-ZIP	DOCA KATON	Fl. 33486	1.4 CITY - ST - ZIP		
TITLE	1	☐ DELETE	2.1 THTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	4 *		2.3 STREET ADDRESS		
CITY-ST-ZIP	. <u> </u>	DELETE	2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
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NAME CARCET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZiP		
CITY-ST-ZIP TITLE	<u> </u>	DELETE			Change Addition
NAME	e ca de		4. 2 NAME		
STREET ADDRESS	▼ •		4.3 STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>		4.4 CITY - ST - ZIP		
TITLE	*	DELETE		The state of the s	☐ Change ☐ Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	E 10 20 20 20 20 20 20 20 20 20 20 20 20 20		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	BITTLE ATTENTION OF A TITLE ATTENTION ATTENTION AND A NOT	ChangeAddition
NAME			6.2 NAME	600002576 5 -07/01/9801011	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	e V		6.3 STREET ADDRESS	***150.00	ho.
CITY-ST-ZIP	r R		64 CITY-ST-ZIP	a.a.a. T ≅n"i * 1"n"i	V.

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 logal 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 chapted, or on an attachment with an address.