

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P97000060586 1. Corporation Name ANPA, INC.																																																																																																															
Principal Place of Business 21072 St. Peters Drive Fort Myers Beach, FL 33931		Mailing Address 21072 St. Peters Drive Fort Myers Beach, FL 33931																																																																																																													
2. Principal Place of Business 21 1821 Estero Boulevard Suite, Apt. #, etc. 22 City & State 23 Fort Myers Beach, FL Zip Country 24 33931 25 U.S.	2a. Mailing Address 26 P.O. Box 2638 Suite, Apt. #, etc. 27 City & State 28 Fort Myers Beach, FL Zip Country 29 33931 30 U.S.	3. Date Incorporated or Qualified 07/09/97 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0768113 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
9. Name and Address of Current Registered Agent Ronald J. Schulte 21068 St. Peters Drive Fort Myers Beach, FL 33931		10. Name and Address of New Registered Agent 81 Name Andrea Mazzonetto 82 Street Address (P.O. Box Number is Not Acceptable) 1821 Estero Boulevard 83 84 City Fort Myers Beach, FL 85 Zip Code 33931																																																																																																													
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 <u>Andrea Mazzonetto</u> ANDREA MAZZONETTO, President DATE 2-12-98 <small>Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MAZZONETTO, ANDREA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21072 St. Peters Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Fort Myers Beach, FL 33931</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVTS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RISO, PASQUALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21072 St. Peters Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Fort Myers Beach, FL 33931</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> DELETE	NAME	MAZZONETTO, ANDREA		STREET ADDRESS	21072 St. Peters Drive		CITY-ST-ZIP	Fort Myers Beach, FL 33931		TITLE	DVTS	<input type="checkbox"/> DELETE	NAME	RISO, PASQUALE		STREET ADDRESS	21072 St. Peters Drive		CITY-ST-ZIP	Fort Myers Beach, FL 33931		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>11 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td>1821 Estero Boulevard</td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td>1821 Estero Boulevard</td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td>000002442110</td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td>-02/27/98--01005--016</td> </tr> </table>		11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS	1821 Estero Boulevard	14 CITY-ST-ZIP		21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME		23 STREET ADDRESS	1821 Estero Boulevard	24 CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME		33 STREET ADDRESS		34 CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME		63 STREET ADDRESS	000002442110	64 CITY-ST-ZIP	-02/27/98--01005--016
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14. I do 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, changed, or on an attachment with an address.																																																																																																															
SIGNATURE <u>Andrea Mazzonetto</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREA MAZZONETTO		President 2-12-98 (941) 765-9660																																																																																																													

CR2E034 (9/96)