·PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000071179

1. Corporation Name

ANSCA HOMES OF FLORIDA, INC.

Principal Place	of Business	Ma	ailing Address			[ \$80(100) (14 (0(1) (88)) Equit Edit) 0511/ 4811/ 1000	01 (1 <b>64</b> ) (1813 (	8949 1841 1881
3333 S CONGR	ESS AVE	333	3 S CONGRESS AVE					
SUITE 403B SUITE 403B					DO NOT WRITE IN THIS SE	DACE		
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					3. Date Incorporated or Qualifed			
						08/15/1997		1
0 D		20	Mailing Addrose			4. FEI Number	Ann	olied For
2. Principal Place of Business		-	2a. Mailing Address			65-0812774	<del></del>	Applicable
21 Suite And	# ata	26	Suite, Apt. #, etc:				\$8:75 A	
Suite, Apt. :	پر جن <sub>در</sub> جن <sub>در</sub> بیرونا#,	27	Oute, Apr. W. Oto.			5. Certificate of Status Desired	Fee Red	
City & State		21	City & State		<del></del>	6. Election Campaign Financing	\$5.00	May Re
	<del>.</del>	28	o, a o			Trust Fund Contribution	Added to	
Zip	Country	20	Zip	Cour	itry	8. This corporation owes the current year Intang	gible	_
24	25	29	· -	0	•			□No
	9. Name and Address of Curren			<u> </u>		10. Name and Address of New Registered Ag	ent	
					81 Name			
MITC	CHELL A. SHERMAN, P.A.			-	00 Ct+ Add-	(D.O. Bey Number in Net Acceptable)		
3333 \$ CONGRESS AVE					82 Street Addre	resš (P.O. Box Number is Not Acceptable)		
SUIT	E 403B			Ì	83			
DELF	RAY BEACH FL 33445							
					84 City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statutes	the ab	ove-named corpo	oration submits this statement for the purpose of ch	anging its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was aut	honzed	by the corporation	on's board of directors. I hereby accept the appointm	nent as reg	gistered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of,	da. Such change was aut , Section 607.0505, Florid	nonzed la Statu	by the corporation	on's board of directors, I nereby accept the appointing	nent as reg	gistered
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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 significant 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 leguired 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90016 001 \*\*\*600.00