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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000102207**1. Corporation Name

ANYWHERE INC.

PIII	cipai Mac	e oi bus	ij
6333	<b>FLAGLER</b>	STREET	•

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90049 024 \*\*\*150.00



Principal Place	e of Business	Mailing Address		
6333 FLAGLER		6333 FLAGLER STREET		
HOLLYWOOD F	L 33023	HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				12/01/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
24		26		NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
D. 10	OF C. DAVAGNID F		81 Name	ne e
	SELL, RAYMOND E		82 Street	et Address (P.O. Box Number is Not Acceptable)
	FLAGLER STREET			
HOL	LYWOOD FL 33023		83	
			84 City	85 Zip Code
				` <b>FL</b>
office or r	to the provisions of Sections 607,050, egistered agent, or both, in the State of the mailiar with, and accept the obligations of the colligations of the collisions of the collisi	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by the com a Statutes.	ad corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agen	, , , , , , , , , , , , , , , , , , , ,		re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DAVINGNID F	[] DELETE	1.1 TITLE	
NAME	RUSSELL, RAYMOND E		1 2 NAME	
STREET ADDRESS	6333 FLAGLER STREET		1.3 STREET ADDRESS	SS
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY-ST-ZIP	SECOLETARY   THE TANGE   Addition
TITLE	D	☑ DELETE	2.1 TITLE	SECRETARY Defining Addition
NAME	CERDAS, ARMELINDA E		2.2 NAME	RUSSELL MILFOND E. SS #055-05-
STREET ADDRESS	16021 N.E. 18TH PLACE	-	2.3 STREET ADDRESS	SS 19611 1V.E. 12 C/ 23/69
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316		·2.4 CITY-ST-ZIP	Narth Miami BEACH, FL 33169 Change Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME		i	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	55
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	SS
CITY-ST-ZIP		Flocier	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE	[] Change [] Addition ]
NAME		1	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	>>>
CITY-ST-ZIP		C) ACI CTC	5.4 CITY-ST-ZIP 6.1 TITLE	. ☐ Change ☐ Addition
TITLE		☐ DELETE		Change [] Addition [
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	SS
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

01-11-99

RATHONO E. RUSSELL (954) 981-0540