PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 05, 1999 8:00 am Secretary of State

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'	1999	DIVISION OF CO	ORPORATIONS	05-05-1999 90197 00	3 150.00
DOCUMENT # P98000028201 1. Corporation Name ANL INTERNATIONAL, INC.					
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Principal Place	e of Business	Malling Address		1 : PB1/ BB1 174 18191 (Mfr) @Eilt datit dette dern aprin er en	(# 1/2); #1+0+ (+0+49+
3038-J N. FEDE		3038-J N. FEDERAL HWY.			
FT. LAUDERDA	LE PL 38306	FT. LAUDERDALE FL 33306		DO NOT WRITE IN THIS SPACE	:E
				3. Date Incorporated or Qualified 03/26/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0022095	.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			ee Required
City & State	0	City & State			5.00 May Be
23	Country	Zip	Country	8. This corporation owes the current year Intangible	dded to Fees
Zip 24	25]		000.1117	Personal Property Tax.	
	9. Name and Address of Curren	rt Registered Agent		10. Name and Address of New Registered Agent	
T2) 1 (ENEL SICOZITE E// , . N	ESC A SCHOP	EL 81 Name	KAL A. SCHOFEL	
TILLEM, SCOTT 6/ 10 PAIRWAY DR., SUITE/219/ DREARMELD BOH PL 3/44/ BY STITISH AND THE MEAN AND				mess (P.O. Box Number is Not Acceptable)	tw.
				y y was possession	
	,,,,,,		84 City	- 1 4 - 1 - 1 - 1 85	Zip Code
I FANT (ANDERDAIR) FL I 3330					
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 post, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the obligations of Section 607.0505, Florida Statutes.					
!	m familiar with, and accept the obliga	tions of Eaction 607.0505. Florid	-KFM - A	SCHOFFE \$130/99	7
SIGNATURE	Signature, typed or parted name of registered age		lagistared Agent signature requir		E07000 IV 40
12.		ID DIRÉ€TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
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NAME:	,		12 NAME		nange Addition
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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 changed, or on an attact trent with an address, with all other like empowered.

SIGNATURE: