

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90150 050 \*\*\*150.00

**DOCUMENT # P98000031630**

1. Entity Name

**ANNIE MAE ENTERPRISES, INC.**



Principal Place of Business

**620 CRESCENT DR  
LAKE WORTH FL 33403**

Mailing Address

**P.O. BOX 12681  
LAKE WORTH FL 33403  
US**

2. Principal Place of Business

**620 Crescent Dr**

3. Mailing Address

**P.O. Box 530681**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE PARK, FL**

City & State

**LAKE PARK, FL**

Zip

**33403**

Country

**USA**

Zip

**33403-0681**

Country

**USA**

4. FEI Number

**65-0834389**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLINE, CHARLES F ESQ.  
831 N. DIXIE HWY  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ROSENTHAL, ANNIE FUSE  
620 CRESENT DR.  
LAKE WORTH FL 33403** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPS  
ROSENTHAL, MICHAEL  
620 CRESENT DR.  
LAKE WORTH FL 33403** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Annie Fuse Rosenthal*  
**Annie Fuse Rosenthal**

**1/3/03**

**561-719-1774**

Date

Daytime Phone #

CR2E034 (10/02)