


FILE NOW. FILING FEE AFTER MAY 13 IS \$300.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90032 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 (1999)		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 98000034565 ✓ 1. Corporation Name ANS CORPORATION			
Principal Place of Business		Mailing Address	
6415 W. COLONIAL DR ORLANDO FL 32818			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date incorporated or Qualified	
21	26	04-14-98	
Suite, Apt. #, etc.		4. FEI Number	
22	27	65-0829196	
City & State		Applied For	
23	28	Not Applicable	
Zip	Country	5. Certificate of Status Desired	
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required	
29		6. Election Campaign Financing	
30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
SHAMSHA AZIZ 4850 CASON COVE DR # 101 ORLANDO FL 32811		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	
		85 Zip Code	
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			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
		2.1 TITLE	NAME
		2.2 NAME	STREET ADDRESS
		2.3 STREET ADDRESS	CITY-ST-ZIP
		2.4 CITY-ST-ZIP	
		3.1 TITLE	NAME
		3.2 NAME	STREET ADDRESS
		3.3 STREET ADDRESS	CITY-ST-ZIP
		3.4 CITY-ST-ZIP	
		4.1 TITLE	NAME
		4.2 NAME	STREET ADDRESS
		4.3 STREET ADDRESS	CITY-ST-ZIP
		4.4 CITY-ST-ZIP	
		5.1 TITLE	NAME
		5.2 NAME	STREET ADDRESS
		5.3 STREET ADDRESS	CITY-ST-ZIP
		5.4 CITY-ST-ZIP	
		6.1 TITLE	NAME
		6.2 NAME	STREET ADDRESS
		6.3 STREET ADDRESS	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 changed, or on an attachment with an address.			
SIGNATURE: ABDUL AZIZ		04/27/99 407 293 3313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/97)