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 # P98000048024

1. Corporation Name

ANSPACH MANAGEMENT, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90087 049 ***150.00



Mailing Address Principal Place of Business 4500 RIVERSIDE DRIVE 4500 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/29/1998 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee_Required_ 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Žip Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEERS, ELAINE K 82 Street Address (P.O. Box Number is Not Acceptable) 4500 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410 83 Zip Code 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 11TITLE TITLE ANSPACH, WILIAM E JR 1.2 NAME NAME 4500 RIVERSIDE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE WACHTER, WILLIAM H 22 NAME NAME 4500 RIVERSIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 3.1 TITLE BEERS, ELAINE K 3.2 NAME NAME 4500 RIVERSIDE DRIVE 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 11 践为"一生净少年发力 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

1. 64 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 of an an attachment with an address, with all other like empowered.

CR2E034.(11/98)