## 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 # P98000072751

ANVILROCK ADVISORS, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90004 045 \*\*\*150.00



13333 BURTON TERRACE WELLINGTON FL 33414  13333 BURTON TERRACE WELLINGTON FL 33414					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 08/20/1998				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied	For
21 1223	O FOREST HILL BU	126			65-0858410			Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	<b>5</b> Addit	ional
22 110		27			5. Certifcate of Status Desired		Fee	Require	ed
- City & State	نفر راید دیشت د €	City & State		•	6. Election Campaign Financing	,	\$5.6	00 May	Ве
23 WELL	INGTON FL	28			Trust Fund Contribution		Add	ed to Fe	es
Zip	Country	Zip 229 30	Country		This corporation owes the current year     Personal Property Tax.		gible ] Yes		lo
24 354	9. Name and Address of Current	<u> </u>	$\neg \neg$		10. Name and Address of New Register	ed Ag	ent		
	5. Name and Addiess of Carten	rtogratar vigorit	81	Name					
BAKERMAN, ERIC W				82 Street Address (P.O. Box Number is Not Acceptable)					
13333 BURTON TERRACE				Street Address (1.5. Dox Northber 15 Not Address )					
WEL	LINGTON FL 33414		83						1
•	•		84	City	- 1	=	85	Zip Code	•
44 5	- # Continue 607 0503	and 607 1509 Elorida Statutos II	ha above	a-named con	poration submits this statement for the purpose	of ch	angin:	a its regi	stered
office or re	egistered agent, or both, in the State o	of Florida. Such change was autho	rizea by	tne corporati	ion's board of directors. I hereby accept the ap	pointn	nent a	s registe	red
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes		,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agen	it signature require	ed when reinstating) DATE				— i
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND	DIRE	CTORS	N 12
TITLE	D		1.1 TITLE				Char		Addition
NAME	BAKERMAN, EARLENE D		1.2 NAME						
STREET ADDRESS	13333 BURTON TERRACE			ADDRESS					. 1
1			1.4 CITY-S						
CITY-ST-ZIP	D		2.1 TITLE				Cha	nge [	Addition
	BAKERMAN, ERIC W	_	2.2 NAME		*.				
NAME	ARREST DE L'ARREST		2.3 STREET	TADDESS					ł
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 CITY-5 3.1 TITLE	51-ZIP		. [	Char	nge F	Addition
TITLE -	* · · · ·		3.2 NAME	1					
NAME				, *DD00000					
STREET ADDRESS	~			T ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			Char	nne [	Addition
TITLE			4.1 TITLE			L	_, 5,,,,,	g- L	
NAME			4. 2 NAME						
STREET ADDRESS				TADORESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			Cha	nne	Addition
TITLE .		<del>-</del> '	5.1 TITLE 5.2 NAME			ι	VIII	.gv L	_ , .uau.xo.i
NAME		1		TADDOFCO					}
STREET ADDRESS		i i		TADDRESS					[
CITY-ST-ZIP	i de esta		5.4 CITY-S	I-ZIP		-	705	- r	7 Addition
TITLE			6.1 TITLE		-	ŧ	_] Cha	nye L	] Addition
NAME			6.2 NAME						[
STREET ADDRESS			6.3 STREE	TADDRESS					

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, with all other like empowered.