## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11564

(9)

## FILED Feb 10 1998 8:00am Secretary of State

ANN &	ASSOCIATES, INC.					
Principal Place of Business		Mailing Address			I INDIININ INI HANKI NANK USING USINI DISUI DISUI	DIDIN DIDIN BERKE DERME DERME INDE
1801 S. FEDERAL HWY. DELRAY BEACH. FL 33483		1801 S. FEDERAL HWY. DELRAY BEACH. FL 33483		DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualified	
					11/06/1990	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0228237	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		l i		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	[28]   Z <sub>I</sub> p	Count	rv	Trust Fund Contribution	Added to Fees
24	25	29	30	,	B. This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible  Yes □ No
	9. Name and Address of Curre		1301		10. Name and Address of New Register	
RU	DERMAN, ANN		8	i Name		
	D1 S. FEDERAL HWY.		8	Ctropt A	ddress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH, FL 33483			•	Street A	odress (F.O. Box Number is Not Acceptable)	
			8	3		
			8	4 030		lest 7:- O-d-
			6	4 City		Zip Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	в Ol Floada. Such change was a	authorized t	by the corpo	orporation submits this statement for the purpos oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE						İ
	Signature typed or protect name of requirement as			gont signature re	equired when reinstating) DA	
12.	D OFFICERS AF	ND DIRECTORS DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition
NAME	RUDERMAN, ANN		1 2 NAME	- 1		Orleange Audition
STREET ADDRESS 1801 S. FEDERAL HWY.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 City-			
TITLE		DELETE	2.1 TITLE	01 211		☐ Change ☐ Addition
NAME			2.2 NAME	.		
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CITY	-ST-ZIP		
TITLE		DELETE:	3.1 TITLE			Change Addition
NAME			3.2 NAME			Į
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4 CITY	- ST- ZIP		
TITLE		L DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			44 CITY-	ST-ZIP		
TITLE		☐ DELFTE	5 1 TITLE	]		☐ Change ☐ Addition
NAME			5 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY -	ST-ZIP		Change Addition
TITLE		₽ DESCRIP	61 TIFLE		ē.	☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME			
1				T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	51-ZIP	- Reference	

14. Thereby 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 is structured 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 an an attachment with an address.

SIGNATURE: Um Kuderman

1,19

R2E034 (10/97)