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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # S45573 (0)

1. Corporation Name

ANTHONY'S SOCIAL EXPRESSIONS, INC.

Principal Place of Business

3613 CORTEZ ROAD WEST
BRADENTON FL 34210

Mailing Address

3613 CORTEZ ROAD WEST
BRADENTON FL 34210



2. Principal Place of Business

21 ~~418~~ 6104 Courtside Dr. West

2a. Mailing Address

26 6104 Courtside Dr. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bradenton Florida

City & State

28 Bradenton Florida

Zip

24 34210

Country

Zip

29 34210

Country

30

9. Name and Address of Current Registered Agent

MELITA, JOAN
3613 CORTEZ ROAD WEST
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

MELITA, JOAN

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

6104 Courtside Dr. West

83

84 City

Bradenton

FL

85 Zip Code

34210

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)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME P MELITA, ANTHONY G.

STREET ADDRESS 3613 CORTEZ ROAD WEST 6104 Courtside Dr. West

CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ DELETE

NAME ST MELITA, JOAN

STREET ADDRESS 3613 CORTEZ ROAD WEST 6104 Courtside Dr. West

CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joan Melita

JOAN MELITA, Secy/Treas.

Date

4-18-96

Daytime Phone #

751-9660

CR2E034 (12/95)