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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S60398

(2)

1. Corporation Name

HANS C-ANCHOR, INC.

Principal Place of Business

Mailing Address

6073 BAHIA DEL MAR BLVD.
ST. PETERSBURG BEACH FL 33715
US

P. O. BOX 66756
ST. PETERSBURG BEACH FL 33736-6756



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

59-3072238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8100 Park Blvd.

Suite, Apt. #, etc.

22 Suite 31

City & State

23 Pinellas Park, FL

Zip

24 33781-3719

Country

25 Pinellas

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

CLAESSON, CATHERINE A.
6073 BAHIA DEL MAR BLVD
S227
ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

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

6073 Del Mar Blvd.

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 to be if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLAESSON, HANS
STREET ADDRESS OBERNEUHOFFSTRASSE 13
CITY-ST-ZIP BAAR SWITZERLAND

☐ DELETE

TITLE PVT
NAME CLAESSON, CATHY
STREET ADDRESS 6073 BAHIA DEL MAR BLVD
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE S
NAME CLAESSON, CATHY
STREET ADDRESS 6073 BAHIA DEL MAR BLVD
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Claesson, Hans
1.3 STREET ADDRESS 6073 Bahia Del Mar Blvd.
1.4 CITY-ST-ZIP St. Petersburg, FL 33715

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Catherine A. Claesson

4-16-98 813-542-1281

CR2E034 (10/97)