

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sylvia B. Marlowe
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # V40274

(5)

95 MAY - 1 PM 2:39

1. Corporate Name:

ANB OF BOCA NO. 10, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
C/O NORMAN C. BELFER 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480 US		C/O NORMAN C. BELFER 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480 US	
2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Ap	Classify	20	Fax No.
24	25	29	30
9. Name and Address of Current Registered Agent			
BELFER, NORMAN C. 120 SUNSET AVE., SUITE 3C PALM BCH. FL 33480			

11. Pursuant to the provisions of Sections 607.1502 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1508 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS NAME STREET ADDRESS CITY ST ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	BELFER, NORMAN C. 120 SUNSET AVE., SUITE 3C PALM BCH. FL	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME STREET ADDRESS CITY ST ZIP	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	B NAME STREET ADDRESS CITY ST ZIP	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME STREET ADDRESS CITY ST ZIP	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	E NAME STREET ADDRESS CITY ST ZIP	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	F NAME STREET ADDRESS CITY ST ZIP	25. NAME 26. NAME 27. STREET ADDRESS 28. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.1508 Florida Statutes. I further certify that the information included in 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 its 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 and changes or be an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Norman C. Belfer

11/5/95

(407)832-4036

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