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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:55

DOCUMENT # **V69298** **(0)**

1. Corporation Name
ANDERSON RESOURCES COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
9694 LITCHFIELD LN #130 NAPLES FL 33942 US	9694 LITCHFIELD LAND #130 NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1992**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business	2a. Mailing Address
21 11689 No. Hiatus Rd	26 11689 No. Hiatus Rd.
22 Suite 183	27 Suite 183
23 Pembroke Pines, FL	28 Pembroke Pines, FL
24 FL 33026	29 33026
25 Country US	30 Country US

4. FEI Number: **65-0361554** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, JOHN B.
9694 LITCHFIELD LANE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Anderson James
82 Street Address (P.O. Box Number is Not Acceptable): 11500 NW 14th Court
83
84 City: Pembroke Lakes FL 85 Zip Code: 33026

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: James Anderson, President (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Vice President	☑ Change ☐ Addition
NAME	ANDERSON, JOHN	12 NAME	Anderson John	
STREET ADDRESS	9694 LITCHFIELD LANE	13 STREET ADDRESS	9694 Litchfield Lane	
CITY ST ZIP	NAPLES FL 33942	14 CITY ST ZIP	Naples, FL 33942	
TITLE		21 TITLE	President	☐ Change ☑ Addition
NAME		22 NAME	James Anderson	
STREET ADDRESS		23 STREET ADDRESS	11500 NW 14th Court	
CITY ST ZIP		24 CITY ST ZIP	Pembroke Lakes, FL 33026	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: James Anderson, President 1/16/95 305/437-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0482195 FP