

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000078036 (7)**  
 1. Corporation Name  
**ANUM ASSOCIATES, INC.**



Principal Place of Business <b>7255 SOLANDRA LN. TAMARAC FL 33321</b>	Mailing Address <b>7255 SOLANDRA LN. TAMARAC FL 33321</b>
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DO NOT WRITE IN THIS SPACE

**CHANGE OF ADDRESS:-**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>10833 - NW - 46th DR.</b>	26 <b>10833 - NW - 46th Dr.</b>			<b>10/10/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0615041</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
<b>CORAL SPRING.</b>		<b>CORAL SPRING.</b>		<b>\$8.75 Additional Fee Required</b>	
24 <b>FL-33096</b>		29 <b>FL-33096</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>		<b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAJWANI, AMIR A</b> <b>7255 SOLANDRA LN.</b> <b>TAMARAC FL 33321</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>10833 - NW - 46th DRIVE</b>			
				84 City <b>CORAL SPRING.</b> <b>FL</b> 85 Zip Code <b>33096.</b>			

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 *Amir A Rajwani* (**DIRECTOR**) (**AMIRALI. RAJWANI**) **4-29-98.**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAJWANI, AMIR A</b>	1.2 NAME	
STREET ADDRESS	<b>7255 SOLANDRA LN. 10833 - NW - 46th Dr</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321 Coral Spring FL 33096</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATAANI, AMYN</b>	2.2 NAME	
STREET ADDRESS	<b>603-2 FLORES AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOREDO TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAJWANI, ANISA</b>	3.2 NAME	
STREET ADDRESS	<b>7255 SOLANDRA LANE 10833 - NW - 46th Dr</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL Coral Spring FL 33096</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Amir A Rajwani* (**AMIRALI. RAJWANI**) **4/29/98. (954) 724-1718.**

CR2E034 (10/97)