

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001521 (3)**

1. Corporation Name
AMERICAN ACQUISITION CORPORATION



Principal Place of Business: **260 LONG RIDGE RD. STAMFORD CT**
Mailing Address: **GE CAPITAL CORP. ATTN: SHANNON WILLIAMS P.O. BOX 9552 FT. MYERS FL 33906-9552**

3. Date Incorporated or Qualified: **03/25/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **06-1350572** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PFEIFFER, R E	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	FRAIZER, M D	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENRY, D B	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOGAN, M W	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	AMBLE, J C	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600001779976
1.4 CITY-ST-ZIP	-04/15/96-01037-025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***200.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEE ATTACHED
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	4/14
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: *Harry J. Schulman* *Bary J. Schulman* 4/8/96 2033574544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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4/3/96

614 American Acquisition Corporation
06-1350572

Name	Title	Business Address
David B. Henry	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	Director	260 Long Ridge Road Stamford CT 06927
Michael D. Frazier	President	260 Long Ridge Road Stamford CT 06927
David B. Henry	Vice President	260 Long Ridge Road Stamford CT 06927
William Brennan	Vice President	777 Long Ridge Rd. Stamford CT 06927
M.W. Hogan	Vice President	19200 Von Karman #590 Irvine CA
Joan C. Amble	Vice President - Finance	260 Long Ridge Road Stamford CT 06927
Jeff Rutishauser	Secretary	260 Long Ridge Road Stamford CT 06927
Joan C. Amble	Treasurer	260 Long Ridge Road Stamford CT 06927
Elaine S. Keller	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Gary J. Schulman	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927
Scott Roberti	Assistant Treasurer - State Taxes	777 Long Ridge Rd. Stamford CT 06927