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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33908-9552

3. Date Incorporated or Qualified: 03/25/1994
3a. Date of Last Report: 04/14/1996

2. Principal Place of Business
21. City & State: Stamford CT
22. Suite, Apt #, etc.
23. Zip: 06902
24. Country: USA

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

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
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PFEIFFER, R E	1.1 TITLE	Asst TREASURER
NAME	PFEIFFER, R E	1.2 NAME	Gary J. Schulman
STREET ADDRESS	260 LONG RIDGE RD.	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford, CT 06902
TITLE	PS FRAIZER, M D	2.1 TITLE	
NAME	FRAIZER, M D	2.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VD HENRY, D B	3.1 TITLE	
NAME	HENRY, D B	3.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	
TITLE	VS HOGAN, M W	4.1 TITLE	
NAME	HOGAN, M W	4.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	VT AMBLE, J C	5.1 TITLE	
NAME	AMBLE, J C	5.2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	T SCHULMAN, GARY J.	6.1 TITLE	
NAME	SCHULMAN, GARY J.	6.2 NAME	
STREET ADDRESS	777 LONG RIDGE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	6.4 CITY-ST-ZIP	

SEE ATTACHED

SEE ATTACHED

14. I do 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: Gary J. Schulman
DATE: 4-27-97
DAYTIME PHONE: 203-357-4544

CR2E034 (9/96)