

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

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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90016 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001521**

1. Corporation Name  
**AMERICAN ACQUISITION CORPORATION**



Principal Place of Business 260 LONG RIDGE RD. STAMFORD CT	Mailing Address 260 LONG RIDGE RD ATTN: JOSEPHINE M. MILLER STAMFORD CT 06927 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>03/25/1994</b>	
4. FEI Number <b>06-1350572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
	<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	ATT	<input type="checkbox"/> DELETE
NAME	SCHULMAN, GARY J	
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	T	<input type="checkbox"/> DELETE
NAME	SCHULMAN, GARY J.	
STREET ADDRESS	777 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT 06927	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Amato	
1.3 STREET ADDRESS	260 Long Ridge Road	
1.4 CITY-ST-ZIP	Stamford, CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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		
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		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John Amato 4.28.99 203-357-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)