PROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #

G94674

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AMERICAN GUARANTEE	AND	TRUCT	CORPOR	ATION
AMENICAN GUARANTEC	AND	TRUST	CURPUR.	AHUN

AMER	IICAN GUARANTEE AND T	RUST CORPORATION					
Principal Place	e of Business	Mailing Address			ı idanini dest (birk didid bilin tot	TI MERA MEREL MERIL MAN	AT MINIT NINIT NINIT INNI
10785 ULMERTON RD 10785 ULI		G/O WILLIAM S. JONAS 10785 ULMERTON RD LARGO FL 34648	SSEN				
					3. Date Incorporated or Qualified 04/02/1984	3a. Date of L 02/10	_ast Report 6/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2386173		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Gountry	Z _I p	Country	,	8. This corporation has liability for		ider's 199.032,
24	25	29	30			s 🗌 No	
	9. Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New I	Registered Age	nt
IONAO	OCH WHILLIAM O		0.	L			
Jonassen, William S. 10785 Ulmerton RD			82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
LARGO) FL 34648		83				
			84	City		FL 8	5 Zip Code
or registe familiar w SIGNATURE 12.	ored agent, or both, in the State of Fig rith, and accept the obligations of, Se Symme, Medicipated rank diregstered ag OFFICERS A	orida. Such change was authorize oction 607.0505, Florida Statutes. Fort and the It assessable (NOT IND DIRECTORS	d by the corp Registered Age 13.	named corpor poration's boar	ration submits this statement for the purd of directors. I hereby accept the app ad when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND DIR	stered agent. I am
TILLE	DP	☐ DELFTE	1 1 TITLE				hange
NAME AMELIA DEPOSES	SCHLADETSCH, JACK T. 10785 ULMERTON RD		1.2 NAME				
STREET ADDRESS	LARGO FL			I ADDRESS			
CHY-\$1-ZiP Title	LANGO I L	☐ DELETE	2 1 TITLE	21-711.			hange [7] Addition
NAME		<u>-</u>	2.2 NAME			ے	
SPREET ADDRESS			23 STREE	ADDRESS			
City+ST+ZiP			24 CiTY-	ST-ZIP			
THEF		DELETE	3 1 TITLE				hange 🔲 Addition
NAML			3.2 NAME				
STREET ADDRESS			33 STREE	T ADDRESS			
C-1Y-S1-7-P		ET) per exe	3.4 CITY-	ST-ZIP			
THE LE		☐ DELETE	4. 1 TITLE			□ C	hange C Addition
NAME			4.2 NAME	7.4000400			
STREET ADDRESS				T ADDRESS			
COLY-ST-ZEP THEF		DELETE	5 1 TITLE	51-ZIP		ПС	hange 🗀 Addition
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-\$1-7/P			5 4 CITY-	ST-ZIP			
TITLE		DELETE	6 1 TITLE				hange 🔲 Addition
NAME			6.2 NAME				
STREET ACIONESS			6.3 STREE	I ADDRESS			
CITY - S1 - 7IP		and the second s	6 4 CITY-				
certify that oath; that	at the information indicated on this ar	nnual report or supplemental annu- poration or the receiver or trustee	ial report is tr empowered	ue and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	e same legal effe	ct as if made under

SIGNATURE:

JACK T. SCHLADETSCH

02/06/1996

≺352-669-8283