PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # J97197** 

1. Corporation AMERICA	AN HERITAGE REALTY GRO	OUP, INC.										
Principal Place of Business Mailing Address								4 10E1110 BISE 18511 SPERI SIESE 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	911 81817 41811 911		
2655 NORTH OCEAN DRIVE SUITE 500 SINGER ISLAND FL 33404 US 2655 N OCEAN DR STE 500 SINGER ISLAND FL 33404 US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
							_	10/13/1987				
	lace of Business	2a. Mailing Address					FEI Number			lied For		
21		26						65-0017322			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Ac			
22		City & State					+	Floation Committee Financina	<del></del>	\$5.00 N	<u>`</u>	
···, ·· ······						6.	Election Campaign Financing Trust Fund Contribution		Added to			
Zip	Country Zip Cou				try		я	This corporation owes the cur	rent vear Int			
24	25	29	30		•		"	Personal Property Tax.			□No	
24	9. Name and Address of Curren	11		1			10.	Name and Address of New	Registered	Agent		
ENGEL, LINDA K. 2655 NORTH OCEAN DRIVE SUITE 500 SINGER ISLAND FL 33404					32	Street Add	ress (P	C.O. Box Number is Not Accept		85 Zip C	ode	
AA Dussuant	to the provisions of Sections 607.050	2 and 607 150	8 Florida Statutes			· · · · · · · · · · · · · · · · · · ·	oration	submits this statement for the	FL purpose of	,	ragistared	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and actept the obligations.	of Flori la. Sucl tions of, Section	h change was auth in 607.0505, Florida	orized to Statute	by thes.	ne corporati	on's bo	pard of directors. I hereby acce	pt the appoi	ntment as reg	istered	
SIGNATURE	Signature, typed of printed name of gegistered age	121	Lir	1aa	K	signature require	190	(	DATE	144		
12. OFFICERS AND DIRECTORS 13.				13.			- /	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLÉ	DPT		DELETE	1.1 TITLE	E					Change	☐ Addition	
NAME	WALSH, EUGENE R.			1.2 NAME								
STREET ADDRESS			1.3 STRE	EETA	DORESS							
CITY-ST-ZIP	SINGER ISLAND FL 33404			1.4 CITY-		ZIP					- 1 A 1 120	
TITLE			☐ DELETE	2.1 TITLE						Change	Addition	
NAME				2.2 NAME								
STREET ADDRESS				2.3 STRE	EET A	DDRESS						
CITY-ST-ZIP			<u> </u>	.2.4 CITY	_	ZIP _		···	<u>.                                    </u>	Change	□ Additio=	
TITLE			☐ DELETE	3.1 TITU						Change	Addition	
NAME				3.2 NAM								
STREET ADDRESS				3.3 STRI	EETA	ADORESS					1	
CITY-ST-ZIP				3.4. CITY		ZIP		·		Change	Addition	
TITLE			☐ DELETE	4.1 TSTLI						Change	L Addition	
NAME				4. 2 NAM	۸E	ı						

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 attacting with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OF NUMBER OF SIGNING OFFICER OF GREEN

<u>Eugene R. Li</u>

h 4/199

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90011 013 \*\*\*150.00

844-7201 time Phone #

Change

Change

☐ Addition

Addition

-- CR2F034 (11/98)