

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000032070 (3)**

1. Corporation Name  
**AMERICAN ACQUISITION GROUP, INC.**



Principal Place of Business  
**5600 W. MARINER STREET  
SUITE 220  
TAMPA FL 33609**

Main Address  
**5600 W. MARINER STREET  
SUITE 220  
TAMPA FL 33609**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
County  
25

2a. Mailing Address  
26  
State, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
County  
30

3. Date Incorporated or Organized **05/03/1993** 3a. Date of Last Report **04/21/1995**

4. FID Number **65-0407080** 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

10. Name and Address of New Registered Agent

**SCODIUS, ROBERTA S  
13982 103RD AVE. NORTH  
LARGO FL 34644**

81 Name  
82 Street Address (P.O. Box Number if Not Applicable)  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.011 and 607.150, Florida Statutes, I, the undersigned, do hereby certify that the information provided on this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Florida Statutes, was prepared by the corporation and is true and correct. I have read and accept the provisions of Sections 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCODIUS, ROBERTA S</b>	
STREET ADDRESS	<b>13982 103 AVE. NORTH</b>	
CITY, ST, ZIP	<b>LARGO FL 34644</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SCODIUS, ROBERTA S</b>	
STREET ADDRESS	<b>13982 103 AVE. NORTH</b>	
CITY, ST, ZIP	<b>LARGO FL 34644</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCODIUS, VICTOR J</b>	
STREET ADDRESS	<b>13982 103 AVE. NORTH</b>	
CITY, ST, ZIP	<b>LARGO FL 34644</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and that I am an officer or director of the corporation named herein. I further certify that the information supplied with this filing is true and correct and that I am an officer or director of the corporation named herein. I further certify that I am an officer or director of the corporation named herein and that my name appears in Back 12 of Back 13 of changes of officers and directors with annual reports.

SIGNATURE: *Robert S. Scodius* **ROBERTA S SCODIUS PRESIDENT** 4/1/96 813-287-819

CR2E034 (12/95)