

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP 18 PM 3:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

①

DOCUMENT # P94000065083 (5)

1. Corporation Name
AMERICAN STREET IRON INC.



Principal Place of Business Mailing Address
3551 US 1 SOUTH UNIT 4 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/06/1994	02/23/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		59-3259810	Not Applicable
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent
BUFFA, DOMINICK
3551 US 1 SOUTH UNIT 4
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name	James A. Convertito		
82 Street Address (P.O. Box Number is Not Acceptable)	3551 US 1 SO, # 4		
83			
84 City	St. Augustine	85 State	FL
		86 Zip Code	32086

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, 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: *James A. Convertito*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	CONVERTITO, JAMES A	
STREET ADDRESS	11 PITTWICK LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	400002300584		
2.3 STREET ADDRESS	-03/23/97-01025-006		
2.4 CITY-ST-ZIP	****165.00 ****165.00		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *James A. Convertito*

CR2E034 (4/97)

89-22-97



FIRST FLORIDA
HOME HEALTH, INC.

(2)

To whom it may concern,

We received this notice without
ever receiving a just notice in February.
We called and spoke to someone
there who said our bill would be
165⁰⁰/₁₀₀ paid by 4/17/97. Enclosed
is our check for that amount.

Kim Coverwith
Secretary

American Street Clinic

3551 US 13 Suite 4

St Augustine, Fla
32086

904-797-6513