Apr 19, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000057993

1. Corporation Name

AMERICORP ENTERPRISES, INC.

Principal Place	e of Business	Mai	ling Address					1 (44(144) 110 14(4)					
9100 S DADELAND BLVD 9100 SOUTH DADELAND BL			RI VD	/D									
SUITE 1400 SUITE 1400				5215	,,,								
MIAMI FL 33156 MIAMI FL 33156								DO NOT WRITE IN THIS SPACE					
US		US					3	3. Date Incorporated of	r Qualifed				
								07/27/1995				r -: .	
2. Principal Pl	lace of Business	2a.	Mailing Address				4	I. FEI Number				<del> </del>	ied For
21		26						65-0602238		<del> </del>	<u> </u>		Applicable
Suite, Apt. i	#, etc.	—	Suite, Apt. #, etc.				5	i. Certificate of Status	Desired	X		O Ad e Requ	ditional
22		27	Olar O Carte						<b>-</b>				
City & State	8 10 24	_	City & State -	•			6	<ol> <li>Election Campaign Trust Fund Contribution</li> </ol>	_			ou M ded to	lay Be
23 Zin	Country	28		Col	untry		٠,	3. This corporation ow		ont year Int		Jeu 10	1 003
Zip		29	Zip	30	Ji iu y		6	Personal Property 1		ent year mu	X Yes	r	No
24	9. Name and Address of Curre		ered Agent	[30]	Т		10	). Name and Addres		Registered .			
	5. Name and Address of Conc	one region			81	Name							
COR	PORATION COMPANY OF MIAI	MI			$\sqcup$								
201	SOUTH BISCAYNE BOULEVARI	D			82	Street Ad	ddress (	(P.O. Box Number is it	lot Accepta	able)			
1600	) MIAMI CENTER				83					<del></del>			_
MIAN	MI FL 33131												
ļ					84	City				FI	85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statu	tes the a	hove	-named co	orporation	on submits this statem	ent for the	numose of	changin	g its re	egistered
office or re	enistered agent or both in the State	e of Florida	<ul> <li>Such change was :</li> </ul>	authorize	d bv 1	the corpora	ation's t	board of directors. I he	reby accep	pt the appoi	ntment a	is regi	stered
) agent. I ar	m familiar with, and accept the oblig	gations or,	Section 607.0303, FR	onda Stai	wes.	•							
SIGNATURE	Signature, typed or printed name of registered 80	pent and title if	apolicable. (NOT	E: Registere	d Agent	t signature req	juired when	n reinstating)		DATE			<del></del>
	Signature, typed or printed name of registered ag			E: Registere	d Agent	t signature req	quired wher	n reinstating) ADDITIONS/CHANG	ES TO OF		D DIRE	CTOR	S IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A					t signature req	quired wher		ES TÓ OF		D DIRE		S IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

670-0090