

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000065068**

1. Corporation Name
AMERICAN TARGET, INC.

Principal Place of Business: **FLORIDA 926 ALLAMANDA DR. DELRAY BEACH, FL 33483**
Mailing Address: **FLORIDA 926 ALLAMANDA DR. DELRAY BEACH, FL 33483**

2. Principal Place of Business: **FLORIDA 926 ALLAMANDA DR. DELRAY BEACH (FL) 33483 U.S.A.**
21. Suite, Apt. #, etc.: **FLORIDA 926 ALLAMANDA DR.**
27. City & State: **DELRAY BEACH (FL)**
28. Zip: **33483** 29. Country: **U.S.A.**

3. Date Incorporated or Qualified: **AUGUST 21, 1995** 3a. Date of Last Report: **1st REPORT**
4. FEI Number: **65-0605152**
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:
MOUSSA SLIM 926 ALLAMANDA DR. DELRAY BEACH, FL 33483

10. Name and Address of New Registered Agent:
81. Name: **N/A**
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 responsibility of, Section 607.0605, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **APRIL 30 1996**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	PRESIDENT	HOUSSA SLIM	926 ALLAMANDA DR. DELRAY BEACH, FL 33483	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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; 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 I resign, or if I am attached with an address.
SIGNATURE: *[Signature]* DATE: **APRIL 30 1996**

CR2E034 (12/95)