PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # P14401



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90049 030 ***150.00

AAL CAPITAL MANAGEMENT CORPORATION		
Principal Place of Business Mailing Address	0101 1101 B1011 B1011 3 1011 011	igi Oligii a Birkii 1901
222 WEST COLLEGE AVENUE 222 WEST COLLEGE AVENUE APPLETON WI 54919 APPLETON WI 54919	ITE IN THIS SPACE	
3. Date Incorporated or Qualifed		
05/11/1987	•	
Principal Place of Business 2a. Mailing Address 4. FEI Number	1 [Applied For
21 26 39-1559375		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		5 Additional
22 27	ree	Required
City & State	1 1) 0 маў ве
23 Trust Fund Contribution		ed to Fees
Zip Country Zip Country 8. This corporation owes the cur	rent year Intangible ☐ Yes	□No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New		
9. Name and Address of Current Registered Agent 10. Name and Address of New 81 Name	g	_
CT CORPORATION SYSTEM		
1200 S. PINE ISLAND ROAD	lable)	
PLANTATION FL 33324		
	11 7	<u>- 0-4-</u>
84 City	FL 85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acce	e purpose of changing ept the appointment as	its registered registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF		
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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 attachment with an address, with all other like ampowered.