

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT #  
1. Corporation Name

331125

AMERICAN INVESTMENT ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

727 Scallop Dr.  
Cape Canaveral, Fl  
32920

99 Orange St.  
St. Augustine, Fl.  
32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
6/12/1968

2. Principal Place of Business

21 727 Scallop Drive

2a. Mailing Address

26 99 Orange Street

4. FEI Number  
59-1216536

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Cape Canaveral, Florida

27 Suite, Apt. #, etc.

St. Augustine, Fl

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

32920 USA

28 City & State

32084 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

ALLEN C. D. SCOTT, II.  
99 Orange Street  
St. Augustine, Florida 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME Allen C. D. Scott, II.  
STREET ADDRESS 99 Orange St.  
CITY-ST-ZIP St. Augustine, Florida 32084

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME Janet J. Scott  
STREET ADDRESS 99 Orange Street  
CITY-ST-ZIP St. Augustine, Florida 32084

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Asst.S. ☐ DELETE  
NAME Arlene M. Stumbris  
STREET ADDRESS 727 Scallop Dr.  
CITY-ST-ZIP Cape Canaveral, Fl. 32920

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002539395  
-05/28/98--01075--045  
\*\*\*150.00

PE  
5-28

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.

*Allen C. D. Scott, II.* Janet J. Scott Arlene M. Stumbris

CR2E034 (10/97)