PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90097 016 \*\*\*158.75

DOCUI	MENI # 550757	•			\
1. Curpuration	ERICAN SURVEYS, INC.				
Deineinal Diae	a of Decisions	Mailing Address			I EGOLO OFFO EXIX DOM I AND CHILLOCK DEFI DINK CHIL CHIL BICK ATOM HER
Principal Place		Mailing Address			
13380 S.W. 128 Viami Fl 33186	13380 S.W. 128 STREET MIAMI FL 33186				
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 11/04/1977
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
11		26			59-1782914 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
2		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country		Zip 3	<del></del>		8. This corporation owes the current year Intergible Personal Property Tax. Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
000	D DOCC II		Ì	81 Name	
	ib, ross h 30 S.W. 128 Street			82 Street A	Address (P.O. Box Number is Not Acceptable)
AAIM	MI FL 33186		ŀ	83	
				84 City	85 Zip Code
					FL 85 Zip Code  Corporation submits this statement for the purpose of changing its registered
SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable. (NOTE: R	egistered .		required when reinstating) DATE
12.		ND DIRECTORS	13.	<u>.                                    </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	DPST COBB, ROSS H		1.1 NA		
STREET ADDRESS	40000 C.W. 400 CTOFFT			REET ADDRESS	,
CITY-ST-ZIP	MIAMI FL 33186			Y-ST-ZIP	
TITLE		☐ DELETE	2.1 TII		☐ Change ☐ Addition
NAME	}		2.2 NA	ME	1
STREET ADDRESS			2.3 STI	REET ADDRESS	
CITY-ST-ZIP			2. 4 CT	TY-ST-ZIP	
TITLE		☐ DELETE	3.1 TIT	u <del>t.</del>	☐ Change ☐ Addition
NAME			3.2 NA		•
STREET ADDRESS			1	REET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CF	ry-st-zip	Change Addition
TITLE NAME		المال	4. 2 NA	1	
STREET ADDRESS				REET ADDRESS	
City-St-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT		☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADDRESS	,			REET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT	1	Change Addition
NAME			6.2 NA	REET ADDRESS	
*TREET ADDRESS				Y-ST-ZIP	·
CT 7ID			■ U. T UII	1-01-43F	,

reby 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 ted on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indirector of the corporation or the receiver or tristee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on/an artac/ment/with an address, with all other like empowered.

RE: SIGNATURE IND TYPED OF PRI

AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4-24-99

time Phone #

32E034 (11/98)