

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 #

1. Corporation Name

574566

American Associates, Inc

Principal Place of Business

Mailing Address

Same

1731 NW 97th Ave
Plantation, Florida 33322

3. Date Incorporated or Qualified

3a. Date of Last Report

4/10/995

2. Principal Place of Business

2a. Mailing Address

21 1731 NW 97th Ave

26 Same

4. FEI Number

59-1823956

Applied For

Not Applicable

22 Suite, Apt., #, etc.

Plantation, Fl.

27 Suite, Apt., #, etc.

Plantation, Fl.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Florida

28 City & State

Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33322

25 Country

Broward

29 Zip

33322

30 Country

FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R.J. KELLY
1731 NW 97th Ave
Plantation, Fl 33322

81 Name

R.J. KELLY

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

1731 NW 97

83

84 City

Plantation

FL

85 Zip Code

33322

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

TITLE	R.J. KELLY,	<input type="checkbox"/> DELETE
NAME	President	
STREET ADDRESS	1731 NW 97th Ave	
CITY - ST - ZIP	Plantation, Florida 33322	
TITLE	Rose Kelly	<input type="checkbox"/> DELETE
NAME	Secretary	
STREET ADDRESS	1731 NW 97th Ave	
CITY - ST - ZIP	Plantation, Fl 33322	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	A. Nelson	
STREET ADDRESS	1731 NW 97th Ave	
CITY - ST - ZIP	Plantation, Fl 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

400001812014
-05/07/96--01143--040
***200.00

5-1-96
12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)