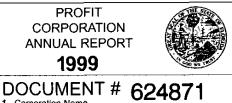
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90136 025 \*\*\*150.00

	AMERICAN BANKERS SALE	S CORPORATION, INC.								
Principal Place of Business Mailing Address				1 SEBIGE Tring LIGHT BIRGY IBRIY INDIA DIBNY BIRLY BRAY BIRLY BIRL						
112	O ARTHUR W HEGGEN 222 OUAIL ROOST DR AMI FL 33157	C/O ARTHUR W HEGGEN 11222 QUAIL ROOST DRIVE MIAMI FL 33157			DO NOT WRITE IN THIS SPACE					
US		US			3. Date Incorporated or Qualifed 07/20/1979					
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26			59-19677 <u>29</u>		Not Applicable			
22	Suite, Apt. #, etc. Suite, Apt. #, etc.			-	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	-	.00 May Be ded to Fees			
24	Zip Country		Country		This corporation owes the current year Interest Personal Property Tax.	angible	□No			
		of Current Registered Agent	-	10. Name and Address of New Registered Agent						
	HEGGEN, ARTHUR W		81				· 			
11222 QUAIL ROOST DR MIAMI FL 33157			82	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, Fibrida 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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition						
NAME	BECKER, DEBORAH		1.2 NAME			•							
STREET ADDRESS	11222 QUAIL ROOST DRIVE		1.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP										
TITLE	S	☐ DELETE	2.1 TITLE		•	Change	☐ Addition						
NAME	HEGGEN, ARTHUR W		2.2 NAME				1						
STREET ADDRESS	11222 QUAIL ROOST DRIVE		2.3 STREET ADDRESS				ļ						
CITY-ST-ZIP	MIAMI, FL 00000	- •	2. 4 CfTY-ST-ZIP	2 مونوپيسساد در ر									
TITLE	VD	☐ DELETE	31 TITLE			☐ Change	☐ Addition						
NAME	DICKS, ROBERT		3.2 NAME										
STREET ADDRESS	11222 Quail Roost Drive		3.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI, FL 00000		3.4. CITY-ST-ZIP				_						
TITLE	D	☐ DELETE	4.1 TITLE		•	☐ Change	☐ Addition						
NAME	NEUBARTH, SANFORD		4. 2 NAME										
STREET ADDRESS	11222 QUAIL ROOST DR.		4.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP										
TITLE	T	☐ DELETE	5.1 TITLE			Change	☐ Addition						
NAME	Castelo, enrique L.		5.2 NAME										
STREET ADDRESS	11222 Quail Roost dr.		5.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP										
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition						
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREET ADDRESS										
CITY-ST-ZIP			64 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 justee empowered to execute the 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC