

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 624871

FILED  
Apr 25, 2004  
Secretary of State

**Entity Name:** AMERICAN BANKERS SALES CORPORATION, INC.

**Current Principal Place of Business:**

C/O ARTHUR W HEGGEN  
11222 QUAIL ROOST DR  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARTHUR W HEGGEN  
11222 QUAIL ROOST DR  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** 59-1967729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEGGEN, ARTHUR W  
11222 QUAIL ROOST DR  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: HEGGEN, ARTHUR  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL

Title: AS ( ) Delete  
Name: ARAGON-CRUZ, JEANNIE  
Address: 11222 QUAIL ROOST DRIVE  
City-St-Zip: MIAMI, FL

Title: T ( ) Delete  
Name: CASTELO, ENRIQUE L  
Address: 11222 QUAIL ROOST DR.  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: LEMASTERS, CRAIG  
Address: 260 INTERSTATE NO CIRCLE NW  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE ARAGON-CRUZ

AS

04/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date