

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **848621** (9)
1. Corporation Name
AMERICAN INSTANTS, INC.



Principal Place of Business 117 BARTLEY FLANDERS RD P.O. BOX 536 FLANDERS NJ 07836 US	Mailing Address P.O. BOX 817 P.O. BOX 536 FLANDERS NJ 07836 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1981	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 22-1670383	Applied For Not Applicable
23 City & State	28	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KIRSCHNER, MITCHELL B. C/O DILWORTH, PAXSON, KALISH, KAUFFMAN & TYLAND SUITE 700, 150 E. PALMETTO PARK ROAD BOCA RATON FL 33432				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	1.1 TITLE	
NAME	ROCHE, THOMAS J., JR.	1.2 NAME	
STREET ADDRESS	7 SUMMIT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROCHE, CHRISTOPHER T.	2.2 NAME	
STREET ADDRESS	7 SUMMIT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	ROCHE, VERA T.	3.2 NAME	
STREET ADDRESS	7 SUMMIT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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] 973
7-17-98 584-8811

CR2E034 (10/97)