

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000004451

1. Corporation Name

AMERICAN CONSUMER ALLIANCE, INC.

Principal Place of Business

770 W GRANADA BLVD  
SUITE 250  
ORMOND BEACH FL 32174  
US

Mailing Address

770 W GRANADA BLVD  
SUITE 250  
ORMOND BEACH FL 32174  
US

2. Principal Place of Business

21 2570 W. Intern'l Speedway Blvd  
Suite, Apt. #, etc.

22 Suite 100

23 Daytona Beach FL

24 32114 25 USA

2a. Mailing Address

26 2570 W. Intern'l Speedway Blvd  
Suite, Apt. #, etc.

27 Suite 100

28 Daytona Beach FL

29 32114 30 USA

3. Date Incorporated or Qualified

08/26/1994

4. FEI Number

59-3232297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BUTLER, DAVID L  
7 CROOKED BRIDGE WAY  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

TITLE P ☐ DELETE

NAME REEVES, JOHN D  
STREET ADDRESS 1303 OAK FOREST DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ DELETE

NAME REEVE, RICHARD P  
STREET ADDRESS 312 NORTH BIG SPRING  
CITY-ST-ZIP MIDLAND TX

TITLE S ☐ DELETE

NAME GRAUER, JAMES L  
STREET ADDRESS 9967 MIRA DEL RIO  
CITY-ST-ZIP SACRAMENTO CA

TITLE D ☐ DELETE

NAME GRAUER, JAMES L  
STREET ADDRESS 9767 MIRA DEL RIO  
CITY-ST-ZIP SACRAMENTO CA

TITLE D ☐ DELETE

NAME DILLIN, DAVID M  
STREET ADDRESS 52230 ARROWHEAD CIR  
CITY-ST-ZIP GRANYER IN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, 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 DIRECTOR

Date

Daytime Phone #

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90111 048 \*\*\*\*61.25

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