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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F96000002897 (4)

## FILED Mar 03 1998 8:00am Secretary of State

AMERIC INC.	CAN COMMUNICATION SE	RVICES OF JACKSO	NVILLE,					
Principal Plac	o of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			- 1 (00)(00 (((0 ))(0 0)(1) 00(() 00(() 00(() 00(() 00(()		AMI HUBI HUGI
, and the state of								
131 NATIONAL BUSINESS PKWY 131 NATIONAL BUSINESS F SUITE 100 SUITE 100								
ANNAPOLIS JUNCTION MD 20701 ANNAPOLIS JUNCTION MD						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						06/11/1996		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	F	Applied For
21		26				52-2024270		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired		Additional
22		27	\$ <del></del>					Required
City & Stat	(0	City & State	<u> </u>			6. Election Campaign Financing		D May Be
<b>23</b> Zip	Country	28 Zip	Cou	ntne		Trust Fund Contribution		to Fees
_	25	<del>                                     </del>	30	nu y		8. This corporation owes or has paid the cur Personal Property Tax due June 30.		ntangible □ No
24	9. Name and Address of Curre	29  ent Registered Agent	[30]			10. Name and Address of New Registered		
ДН	RDEN, PAUL M			81	Name			
1301 RIVERPLACE BLVD., STE 2801					<b>Divisió 5</b> 7 3			
JACKSONVILLE FL 32207				62	Street Addre	ss (P.O. Box Number is Not Acceptable)		
			ŀ	83				
				ᆜ				
				84	City	FL	85   Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	atutes, the ab	OVE	-named corpo		changing	its registered
office or r	registered agent, or both, in the States of the obline in	le of Florida. Such change with the control of Section 607,0505.	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment a	s registered		
	The decept the esti	gallot to off doctors correspon	, , , , , , , , , , , , , , , , , , , ,		•			
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (	NOTE: Registered	Ape	nt signature required	d when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PO PEROLE MANY E	☐ DELE <b>te</b>	1.1 117	LE			Change	L. Addition
NAME	REICH, JACK E			ME				
STREET ADDRESS	131 NATL BUS PKWY STE 100			AEET.	ADDRESS			j.
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD			1.4 CITY-ST-ZIP			<del></del>	
TITLE				2.1 TITLE			☐ Change	Addition (
NAME	MURPHY, RILEY M			2.2 NAME				j
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100			REET	ADDRESS			
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD			2. 4 CITY - ST - ZIP 3.1 TITLE				
TITLE							☐ Change	L Addition
NAME	494 MATE BUC DIVING STE 400			ME				
STREET ADDRESS	ANNAPOLIS JUNCTION MD				ADDRESS			1
CITY-ST-ZIP	D D	DELETE	3.4. C(		T-2IP		Charge	Addition
TITLE	RAFFERTY, CHRISTOPHER I		4.1 TIT				L Change	Addition
NAME OTOGET ADDRESS	131 NATIONAL BUSINESS P		4. 2 NA		1000000			
STREET ADDRESS	ANNAPOLIS JUNCTION MD		- 1	4.3 STREET ADDRESS				}
CITY-ST-ZIP	D DELETE			4.4 CITY+ST-ZIP 5.1 TITLE			Change	Addition
TITLE	TROUVEROY, OLIVIER L	ריי הנינונ						L. Addition
NAME exerct appeared	131 NATIONAL BUSINESS P	KWY STE 100	5.2 NAI		LDDDCCC			
STREET ADDRESS	ANNAPOLIS JUNCTION MD	11177, UIL 100			ADDRESS			1
CITY-ST-ZIP	MITTAL VEID SUITORIVIT MID	DELETE	5.4 CIT 6.1 TITI	_	- ZIP		Change	Addition
TITLE		CT DECEIE					Unange	
NAME			6.2 NAJ		4000FCC			
STREET ADDRESS					ADDRESS			
14. I hereby o	certify that the information supplied y	with this filing does not qualif	6.4 CIT v for the exer			ection 119.07(3)(i), Florida Statutes, I (urther ce	rtify that th	e information

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 arthual 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 vectorer 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 at attachment with an address.

SIGNATURE:

Briday M Murnhy Se

ecretary '

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