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

PROFIT CORPORATION ANNUAL REPORT

1999

WAGNER, ROBERT J



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT # F98000002146

THE AMERICAN ES INC.	EXPORT GROU	P & INTERN	ational se	RVIC			
Principal Place of Busine	Mailing	Address					
972 WEEDON DR. NE SAINT PETERSBURG FL 33702		972 WEEDON DR. NE SAINT PETERSBURG FL 33702					
2. Principal Place of Bus	iness	2a. Ma	iling Address				
21		26					
Suite, Apt. #, etc.			te, Apt. #, etc.				
22		27		_			
City & State		Cit	y & State				
23		28					
Zip	Country	Zip		Country			

29

9. Name and Address of Current Registered Agent

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90024 004 ***150.00



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes 🗌

Not Applicable \$8.75 Additional

□No

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/15/1998 4. FEI Number

59-3367474

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

972 WEEDON DR. NE SAINT PETERSBURG FL 33702			SAME						
			83		sami				
			84	City	5 A	ME	FL		Code
office or re	o the provisions of Sections 607.0502 and 607.1508, Fl egistered agent, or both, in the State of Florida. Such ch in familiar with, and accept the obligations of, Section 60	ande was authori	zeo ov	the corpo	corporation submits eration's board of dir	this statement for ectors. I hereby	or the purpose of c accept the appoin	tment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	/MOTE: Projet	ared Aner	eranatura n	equired when reinstating)		DATE		
	OFFICERS AND DIRECTORS		13.	it signature i		S/CHANGES T	O OFFICERS AN	D DIRECT	FORS IN 12
12.			1 TITLE		,,,,,,,,	<u></u>		Change	
	WAGNER, ROBERT T		2 NAME				•		
NAME	972 WEEDON DR. NE			r andress					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SAINT PETERSBURG FL 33702								
CITY-ST-ZIP			4 CITY-S	1-219				☐ Change	e
TITLE	,								
NAME			.2 NAME		•		, .		
STREET ADDRESS				ADDRESS		•			
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NAME	_		.2 NAME	;					
		16	.3 STREF	TADDRESS					
STREET ADDRESS		•	A CITY-S					•	
CITY-ST-ZIP	ertify that the information supplied with this filing does n					2) (2) Florida Otal	Liter I further and	if , that the	information

SIGNATURE:

officer or director of the corporation or Block 12 or Block 13 if changed, or on