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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20 1998 8:00am Secretary of State

DOCU 1. Corporation AMERI		# H37190 Er systems, inc		(9)						
Principal Place of Business Mailing Address					_			( 1991911 2148 (1)11 1948 ( 1)414 1814 1814 1816 1 41811 41811 41811 41811 41811 41811	1001	
405 S.W. 2ND ST.				405 S.W. 2ND ST.						
OKEECHOBEE FL 34974			0	OKEECHOBEE FL 34974				DO NOT HIDITE IN THIS COACE		
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
								01/04/1985		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number · Applied	l For	
21				26				<b>59-2485198</b> Not App		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$9.75 Additi		
22				27				5. Certificate of Status Desired Fee Require	ď	
City & State				City & State				6. Election Campaign Financing \$5.00 May	Be	
23			28	<u> </u>				Trust Fund Contribution Added to Fe		
Zip		Country	Zip Cı		Coun	Country		8. This corporation owes or has paid the current year Intangik		
24				29 30				Personal Property Tax due June 30. 🔼 Yes 🔲 No		
Name and Address of Current Registered Agent      DECADLO FRANK  81								10. Name and Address of New Registered Agent		
DECARLO, FRANK						" '	Name			
405 S.W.2ND STREET							Street Addre			
OKEECHOBEE FL 34974					Ē	13				
						14 (	City	DE Tin Code		
							· •	FL 85 Zip Code		
11. Pursuant office or agent. I a	to the provis regi <b>s</b> tered ag am familiar wi	ions of Sections 607.050, jent, or both, in the State th, and accept the obliga	2 and 60 of Florid itions of	07.1508, Florida <b>Sta</b> tu la. Such change was , Section 607.0505, Fl	tes, the abo authorized orida Statu	ove-r by th	named corpo ne corporatio	oration submits this statement for the purpose of changing its reg on's board of directors. I hereby accept the appointment as regis	stered tered	
SIGNATURE								ed when reinstating) DATE		
Signature, typed or printed name of registered age  12. OFFICERS ANI							eignatura redoired	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	<b></b>			DELETE	1.1 TITL	<u> </u>			Addition	
NAME	DECARL	.O, FRANK			1.2 NAM	E				
STREET ADDRESS	405 S.W	/.2ND ST.			1.3 STRE	1.3 STREET ADDRESS				
CITY-ST-ZIP	OKEECH	10bee fl			1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	V			DELETE	2.1 TITU	2.1 TITLE		Change	Addition	
NAME	CORWIN, TONY			•		2.2 NAME				
STREET ADDRESS						2.3 STREET ADDRESS		2	l	
CITY-ST-ZIP						2.4 CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP  WILEY  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP			-	DELETE	3.1 TITLI			Change	Addition	
			•		3.2 NAM	32 NAME				
				บดาน			DRESS			
						3.4. CITY-ST-ZIP				
TITLE				☐ DELET <b>E</b>	4.1 TITLI			Change	Addition	
NAME					4. 2 NAN					
STREET ADDRESS					4.3 STRE	ET AD	ORESS			
CITY-ST-ZIP	·			DELETE	4.4 CITY		ZIP.	01	A di dista a	
TITLE				DELETE	5.1 TITLE		1	Change	Addition	
NAME OTREST ADDRESS					5.2 NAME				ļ	
STREET ADDRESS					5.3 STREET ADDRESS 5.4 CITY - ST - ZIP				İ	
CITY-ST-ZIP				DELETE	5.4 CITY 6.1 TITLE		IP	☐ Change ☐	Addition	
TITLE					6.2 NAM		ĺ	Civiliands Civiliands	AVIIIIVII	
NAME STREET ADDRESS					6.3 STRE		noree			
STHEET AUDINESS CITY-ST-ZIP					6.4 CITY		1			
VIII DI LE	i				9.4 0111	01-1	.,,			

14. 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 recoiver 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.

2/11/100