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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H99601**

AMERICAN VIKING ENTERPRISES OF FLORIDA, INC.

			_
Principal Place of Busin	ess		
6960 ALOMA AVE	. •	1.47 17.1	
DOOU ALOMA NAC			

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90002 032 \*\*\*150.00



				IIAIS BIBIS BIBIS AIPIS GLAIL ISAL			
Principal Place of Business	Mailing Address						
960 ALOMA AVE JINTER PARK FL 32792	6960 ALOMA AVE WINTER PARK FL 32792	•	DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
S	US		3. Date Incorporated or Qualifed				
			02/17/1986				
(8)	2a. Mailing Address		4. FEI Number	Applied For			
2. Principal Place of Business	26		59-271 <u>5871</u>	Not Applicable			
1)	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional			
Suite, Apt. #, etc.	27		5. Certificate of states assured	Fee Required			
2	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be			
City & State	28	_	Trust Fund Contribution	Added to Fees			
Zip Countr		Country	8. This corporation owes the current year I	ntangible □ Yes □ No			
n	29	30	Personal Property Tax.				
4   25   9 Name and Addre	ess of Current Registered Agent		10. Name and Address of New Registere	u Agent			
<b>5.</b> No.	Total Control	81 Nan	<b></b>				
CRUCE, SUSAN E.	الأفراق والمراجع المعارض المعارض المعارض المعارض	82 Stre	et Address (P.O. Box Number is Not Acceptable)				
747 MICHIGAN STREET	SELECTION OF CLOSURE APPLICATION	<u> </u>		Single of Table 195			
SANFORD FL 32773		83		對於自身都幾個			
•		84 City	3 12 17 18 18 18 18 18 18 18 18 18 18 18 18 18	' 85 Zió Code			
	:	1 1 1	ed corporation submits this statement for the purpose proporation's board of directors. I hereby accept the app	L			
SIGNATURE Signature, typed or printed name	le di registered again erio and artificial		are required when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO CITTOEING	☐ Change ☐ Addition			
TITLE DP	☐ DELETE	1.1 TITLE					
NAME CRUCE, SUSAN E		1.2 NAME					
STREET ADDRESS 747 MICHIGAN ST	REET	1.3 STREET ADDR	:55				
CITY-ST-ZIP SANFORD FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition			
TITLE	· Defere	2.1 MLE 2.2 NAME					
NAME	•	2.3 STREET ADDR	Ecc.				
STREET ADDRESS							
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZiP 3.1 TITLE		☐ Change ☐ Addition			
TILE PROPERTY SUSPENS		3.2 NAME		·			
NAME		3.3 STREET ADDI	ESS PART OF A PART OF A PART OF SE				
STREET ADDRESS	•	3.4. CITY-ST-ZIP	The second secon	化多数化 化二烷基苯 <u>基 数 选。</u>			
CITY-ST-ZIP	DELETE		स्वार पुरस्कानम् । १५० हिस्स	Change Addition			
TITLE	_ ottere	4. 2 NAME		,			
NAME.	e t j ≥	4.3 STREET ADD	RESS I				
STREET ADDRESS		4.4 CITY-ST-ZIP					
CITY-ST-ZIP	DELETE			☐ Change ☐ Additi			
TITLE	<u></u> DEECTE	5.2 NAME		• •			
, , ,							
NAME		5.3 STREET ADD	RESS				
NAME STREET ADDRESS		5.3 STREET ADD	RESS				
NAME STREET ADDRESS CITY-ST-ZIP		5.4 CITY-ST-ZIP		☐ Change ☐ Additi			
NAME STREET ADDRESS CITY-ST-ZIP  TITE ST S	DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Additi			
NAME STREET ADDRESS CITY-ST-ZIP TITLE VALUE OF A PARTY	<del></del>	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	<u> </u>	☐ Change ☐ Additi			
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TOTAL CONTROL OF THE CON	<del></del>	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>	☐ Change ☐ Additi			

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, with all other like empowered.