FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24859 (7)

1. Corporation Name
~~MORMONTIEN MEDICAL CORPORATION~~ (NAME CHANGED VIA ARTICLES OF AMENDMENT)
AMERICAN EQUITY CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1390 VENTNOR AVE. TARPON SPRINGS FL 34689	1390 VENTNOR AVE. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2946575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ■ No

9. Name and Address of Current Registered Agent

REITZ, DAVID WALTER
1390 VENTOR AVENUE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHER R. HILL-BYRNE
82 Street Address (P.O. Box Number is Not Acceptable): 1390 VENTNOR AVE.
83
84 City: TARPON SPRINGS FL 65 Zip Code: 34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: CHRISTOPHER R. HILL-BYRNE D/P/T/S April 27, 1995
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	CPTS ■ Change ☐ Addition
NAME	HILL-BYRNE, CHRISTOPHER	12 NAME	HILL-BYRNE, CHRISTOPHER R.
STREET ADDRESS	1390 VENTNOR AVE.	13 STREET ADDRESS	1390 VENTNOR AVENUE
CITY ST ZIP	TARPON SPRGS FL	14 CITY ST ZIP	TARPON SPRINGS, FL 34689
TITLE		21 TITLE	V ☐ Change ■ Addition
NAME		22 NAME	BYRNE, RICHARD H.
STREET ADDRESS		23 STREET ADDRESS	1390 VENTNOR AVENUE
CITY ST ZIP		24 CITY ST ZIP	TARPON SPRINGS, FL 34689
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	100001497941
STREET ADDRESS		33 STREET ADDRESS	-05/24/95--01026--010
CITY ST ZIP		34 CITY ST ZIP	****208.75 ****208.75
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

SUBMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: CHRISTOPHER R. HILL-BYRNE C/P/T/S April 27, 1995 (813)934-6172
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number

BW

0307641 CP