PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

DOCUMENT # J24859



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

May 05, 1999 8:00 am Secretary of State

05-05-1999 90186 026 ***158.75

AMERICA	AN EQUITY CAPITAL CORPO	ORATION							
Principal Place	e of Business	Mailing Address					HIE INII EINII NI Car	VIL 0401) VIVIL (Liki Bras (86)
1390 VENTNOR AVE. 1390 VENTNOR AVE.									
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689						50 1107 11/5	TE IN THE	CDACE	
						DO NOT WR 3. Date Incorporated or Qualifed	ILE IN THIS	SPACE	
						07/21/1986			
• D: 5-10	4 Dunings	2a. Mailing Address				4. FEI Number		- Ι Δο	plied For
_ `	ace of Business					59-2946575			t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				39 2940373		\$8.75	
22	#, etc.	27			5. Certifcate of Status Desired	¥	Fee Re		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Coun	ntry		8. This corporation owes the cur	rent year Inta	ngible	
24	25	29	30			Personal Property Tax.		□Yes	ZNo.
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	Registered #	Agent	
	DVDNE OUDISTORIED D		\ \\	81 N	łame				{
HILL-BYRNE, CHRISTOPHER R.				82 5	Street Addre	ss (P.O. Box Number is Not Accept	able)		
	NENTOR AVENUE		L		1390	VENTNOR	AVE	<u>. </u>	
IAH	PON SPRINGS FL 34689			83					
			H	84 (City			85 Zip	Code
					•		<u>FL</u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized	by the	amed corpor corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of option	changing its itment as re	registered gistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI	<u> </u>	13.	Agent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
TITLE	CPTS	DELETE				7.00171010101010101010101010101010101010		☐ Change	Addition
NAME	HILL-BYRNE, CHRISTOPHER		1.2 NAM	MF]
STREET ADDRESS	1390 VENTNOR AVE.		1.3 STREE		ORESS				1
	TARPON SPRGS FL 34689			Y-ST-ZII					
TITLE	V	☐ DELETE	2.1 TITL					Change	☐ Addition
NAME	BYRNE, RICHARD H		2.2 NAN						}
STREET ADDRESS	1390 VENTOR AVE.		1	REET ADI	ORESS				1
	TARPON SPRINGS FL 34689		2. 4 CITY						!
CITY-ST-ZIP TITLE	7,00	☐ DELETE	3.1 Tm					☐ Change	☐ Addition
NAME	,		3.2 NAME						
STREET ADDRESS			3.3 STF	REETAD	ORESS				
CITY-ST-ZIP			3.4. CIT	TY-ST-Z	ne				
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4. 2 NA	WE					
STREET ADDRESS	r		4.3 STREET ADO		ORESS				ļ
CITY-ST-ZIP			4.4 CITY-ST-		- 1				
TITLE		☐ DELETE	51 TITL		-			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STF	REETAD	DRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZII	P				
TITLE		☐ DELETE	6.1 TITLE				-	☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STF	REET AD	DRESS				
CITALL, ADDITION				TV_ ST_ 7II					

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 deceiver 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 chalges of the attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHER R. HILL BYENE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR