

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J76622** (6)
1. Corporation Name
AMERICAN INVESTORS, INC.



Principal Place of Business 9909 SAN SEBASTIAN WAY PORT RICHEY FL 34668	Mailing Address 9909 SAN SEBASTIAN WAY PORT RICHEY FL 34668
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. BOX 1521 Suite, Apt. #, etc. 22 New Port Richey City & State 23 FL Zip 24 34656		2a. Mailing Address 26 P.O. Box 1521 Suite, Apt. #, etc. 27 New Port Richey City & State 28 FL Zip 29 34656		3. Date Incorporated or Qualified 06/05/1987	
25 PASCO Country		30 PASCO Country		4. FEI Number 59-2822604 Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent FINOCCHIARO, GINA 9909 SAN SEBASTIAN WAY PORT RICHEY FL 34668		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1246 STONE RD 83 PORT RICHEY, 84 City FL 85 34668		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINOCCHIARO, GINA	1.2 NAME	
STREET ADDRESS	9909 SAN SEBASTIAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINOCCHIARO, JOHN	2.2 NAME	
STREET ADDRESS	9909 SAN SEBASTIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Gina Finocchiaro** **GINA FINOCCHIARO** **1-16-98**

CR2E034 (10/97)