Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90018 022 \*\*\*150.00

## 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 # **J98768**

1. Corporation Name

AMERICA	an specialty sales cor	Р.					
Principal Place	e of Business	Mailing Address				., ., ., ., ., .,	• • • • • • • • • • • • • • • • • • • •
% JOEL SCHAFFER % JOEL SCHAFFER 14278 BISCAYNE BLVD 14278 BISCAYNE BLVD NORTH MIAMI FL 33181 NORTH MIAMI FL 33181					DO NOT WRITE IN THIS S  3. Date Incorporated or Qualifed	SPACE	
					10/20/1987		
2. Principal Pi	lace of Business	2a. Mailing Address		2	4. FEI Number	. App	lied For
21		26			65-0018695	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27	, · · · · · · · · · · · · · · · · ·		3, 001.1102.10 0. 01.110 0.001.10	Fee Req	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	гу	8. This corporation owes the current year Intar		_
24	25	29	30		1 Groundi i 1 Growing Table		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered A	gent	
	32		8	1 Name			. [
SCHAFFER, JOEL			E	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
14278 BISCAYNE BLVD			Ľ				
NOR	ith miami FL 33181		8	3			
1			8	i4 City	FL	85 Zip C	ode
D	he the applications of Sections SO7 OFO	2 and 607 1509 Florida Statut	as the abo	we-named com		hanging its r	registered
11. Pursuant office or r agent. I a SIGNATURE	In familiar with, and accept the obligat	at and title if applicable. (NOTE	rida Statuti	ove-named corp by the corporations.	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint dwhen reinstating)		
agent. I a	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE	: Registered A	gent signature require	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	DIRECTOR	RS IN 12
agent. I a	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE	: Registered A	gent signature require	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint dwhen reinstating)		
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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, with all other like empowered.

5.4 CITY-ST-ZIP

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

Addition