

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # K02082

(1)

1. Corporation Name

AMERICAN STAIRS, INC.



Principal Place of Business

510 WHITNEY AVE
STE 5A
LANTANA FL 33462
US

Mailing Address

510 WHITNEY AVE
STE 5A
LANTANA FL 33462
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/30/1987

3a. Date of Last Report
03/31/1995

4. FEI Number

65-0015760

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

10. Name and Address of New Registered Agent

ROARKE, DOUGLAS
7540 S. MILITARY TR
LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Typed or Registered Agent Signature and Title if Applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROARKE, DOUGLAS
STREET ADDRESS 510 WHITNEY AVE STE 5A
CITY, ST, ZIP LANTANA FL
☐ DELETE

TITLE D
NAME WARNKE, JAMES
STREET ADDRESS 7540 S MILITARY TR
CITY, ST, ZIP LAKE WORTH FL
☒ DELETE

TITLE D
NAME ROARKE, RHONDA
STREET ADDRESS 417 DRIFTWOOD RD
CITY, ST, ZIP N. PALM BCH FL
☐ DELETE

TITLE D
NAME ROAKE, RYAN
STREET ADDRESS 417 DRIFTWOOD RD
CITY, ST, ZIP N. PALM BCH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME address only

1.3 STREET ADDRESS 417 Driftwood Road
1.4 CITY, ST, ZIP N. Palm Bch, FL 33408
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Roarke, Douglas
3.3 STREET ADDRESS 417 Driftwood Rd.
3.4 CITY, ST, ZIP N. Palm Bch, FL 33408
☒ Change ☐ Addition

4.1 TITLE Treasurer
4.2 NAME Roarke, Douglas
4.3 STREET ADDRESS 417 Driftwood Road
4.4 CITY, ST, ZIP N. Palm Bch, FL 33408
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)