

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

FILED

Feb 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K02082 (1)
 1. Corporation Name
AMERICAN STAIRS, INC.



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| Principal Place of Business 510 WHITNEY AVE STE 5A LANTANA FL 33462 US | Mailing Address 510 WHITNEY AVE STE 5A LANTANA FL 33462 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 724 Jacana Way Suite, Apt. #, etc. 22 City & State 23 N. Palm Beach, Fl Zip 24 33408 | | 2a. Mailing Address 26 724 Jacana Way Suite, Apt. #, etc. 27 City & State 28 N. Palm Beach, Fl Zip 29 33408 | | 3. Date Incorporated or Qualified 10/30/1987 | |
| 4. FEI Number 65-0015760 | | Applied For <input type="checkbox"/> Not Applicable | | 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 | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 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 | |
| 9. Name and Address of Current Registered Agent ROARKE, DOUGLAS 7540 S. MILITARY TR LAKE WORTH FL 33463 | | | 10. Name and Address of New Registered Agent 81 Name 82 Roarke, Douglas 83 Street Address (P.O. Box Number is Not Acceptable) 724 Jacana Way 84 City N. Palm Beach FL 85 Zip Code 33408 | | |

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 *Douglas P. Roarke* **2/15/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD <input type="checkbox"/> DELETE NAME ROARKE, DOUGLAS STREET ADDRESS 417 DRIFTWOOD ROAD CITY-ST-ZIP N. PALM BEACH FL | 1.1 TITLE 1.2 NAME Roarke, Douglas 1.3 STREET ADDRESS 724 Jacana Way 1.4 CITY-ST-ZIP N. Palm Beach, Fl 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D <input type="checkbox"/> DELETE NAME WARNKE, JAMES STREET ADDRESS 7540 S MILITARY TR CITY-ST-ZIP LAKE WORTH FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST <input type="checkbox"/> DELETE NAME ROARKE, DOUGLAS STREET ADDRESS 417 DRIFTWOOD RD CITY-ST-ZIP N. PALM BCH FL | 3.1 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Roarke, Douglas 3.3 STREET ADDRESS 724 Jacana Way 3.4 CITY-ST-ZIP N. Palm Beach, Fl 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *Douglas P. Roarke* **2/15/98**

CR2E034 (10/97)