

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

DOCUMENT # **K58161 (6)**

1. Corporation Name
AMERICAN INTERNATIONAL MERCANTILE, INC.



Principal Place of Business: **3501 W. VINE ST. SUITE 127 KISSIMMEE FL 34741**
Mailing Address: **3501 W. VINE ST. SUITE 127 KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **01/13/1989**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 **3367 W. Vine St**
Suite, Apt. #, etc.
22 **Suite 203**
City & State
23 **Kissimmee**
Zip
24 **34741**
Country
25 **USA**
2a. Mailing Address
26 **3367 W. Vine St**
Suite, Apt. #, etc.
27 **Suite 203**
City & State
28 **Kissimmee**
Zip
29 **34741**
Country
30 **USA**

4. FEI Number: **65-0097240**
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

9. Name and Address of Current Registered Agent
**BRAZIER, ELIZABETH
3501 WEST VINE ST. # 127
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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: *Elizabeth Brazier* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE: **APR 6 96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAZIER, ELIZABETH	
STREET ADDRESS	2330 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRAZIER, ELIZABETH	
STREET ADDRESS	2330 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900001793989
4.3 STREET ADDRESS	-04/25/96--01013--017
4.4 CITY-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ZIP	

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: *Elizabeth Brazier* (Signature and typed or printed name of signing officer or director) DATE: **APR 6 96** DAYTIME PHONE #: **607 9336500**

CR2E034 (12/95)

4/6/96