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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M40378

(5)

AMERICAN SOUTHERN CONSULTANTS, INC.

1 /11/cipar / lace of business	Maining Address	
9795 SW 72ND STREET	9795 SW 72ND STREET	
MIAMI FL 33173	MIAMI FL 33173	
US	US	

**FILED** Jan 29 1998 8:00am Secretary of State



9795 SW 72Ni MIAMI FL 331 US		9795 SW 72ND STREET MIAMI FL 33173		DO NOT WRITE IN THIS SPACE			
03		US		3. Date Incorporated or Qualified			
1				10/21/1986			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For			
21		26		59-2738523 Not Applicable			
Suite, Apt. #	t etc	Suite, Apt. #, etc.		\$9.75 Advisor			
22	, 6.6	27		5. Certificate of Status Desired Fee Required			
City & State		City & State					
23		<u>├</u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zip	Country	28	Country	7,4400 10 1 000			
<b>⊢</b> `	— ·	<u>⊢</u>	<del>-</del> -	8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Current	29 30	91,	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
		Registered Agent	81 Name	10. Name and Address of New Registered Agent			
TYF	RELL, JOHN J.		I Marrie				
979	5 S.W. 72ND STREET		82 Street	Address (P.O. Box Number is Not Acceptable)			
Mia	MI FL 33173		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			required when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Р	☐ DELETE	1.1 TITLE	L Change L Addition			
NAME	TYRRELL, JOHN J.		1.2 NAME				
STREET ADDRESS	1588 S.W. 151ST. AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP				
TITLE	VP	DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	PENEGUY, CHRISTOPHER	!	2.2 NAME				
STREET ADDRESS	5501 SW 2ND ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP				
TITLE	1 99 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME	_ • _			
STREET ADDRESS			3.3 STREET ADDRESS	+			
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C:TY - ST - ZiP		☐ DELETE	3.4. CITY-ST-ZIP	Change Addition :			
TITLE		T Derese	4.1 TITLE	L_I Change LI Audilluli 1			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	Change Addition			
NAME		1	6.2 NAME				
STREET ADDRESS		į	6.3 STREET ADDRESS				
CITY-ST-ZIP		į	6.4 CITY-ST-ZIP				
14. I hereby ce	artify that the information supplied with	n this filing does not qualify for t	he exemption state	d in Section 119.07(3)(i), Florida Statules. I further certify that the information			
indicated o officer or d	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						

SIGNATURE: