FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # N9300003824 (0)

AMERICAN SMALL BUSINESS AND INVESTORS ASSOCIATIO N, INC.

Mailing Address



530 CORNWALL CT. LONGWOOD FL 32750		375 DOUGLAS AVE SUITE 1012 ALTAMONTE SPRINGS FL 32714 US			3. Date Incorporated or Qualified 08/19/1993		ate of Last 03/22/1	
2. Principal Pla		2a. Mailing Address			4. FEI Number 59-3 199357		h	Applied For
21 375 Douglas Ave		26 375 Dougles Ave.			29-2 199221			
# Suite, Apt 12 Suit		Suite, Apt. #, etc.	6		5. Certificate of Status Desired	M	•	5 Additional Required
City & State		City & State 28 A the most e Sf	Riw75	, FL	Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Ziρ 24 3 2 7 / ⁶	Country	29 32714	Country		, 10,100 010101	Yes [] No	. 199.032,
	9. Name and Address of Current	Registered Agent		r	10. Name and Address of New Re	gistered	Agent	
			81	Name				
MEADOW		82	Street	Address (P.O. Box Number is Not Acceptable	9)			
530 COR	INWALL CT.							
LONGWO	OOD FL 32750		83					
			84	City		FL	85 Z	ip Code
SIGNATURE	Signature, typed or printed name of registered agent a	and little if application (NOT)	E Registered Age		equired when reinstating)	/ 15 / 7 DATE	, G	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TIFLE	D	E f0elete	1 1 TITLE		PHILIP Robert SON		☐ Change	Addition
NAME	MONTJE PLAWCK,	_	1.2 NAME		3202-1006 ORLANDOR.			
STHEFT ADDRESS	555 N. BUMBY AVE., STE. 149	5		ADDRESS	sanford, 74 32773			
C1TY - ST - ZIP	ORLANDO FL 32803	TEN DELETE	1.4 CITY - 1	ST-ZIP	0		Change	Addition
TITLE	D DOWN	Morrele	2.1 TITLE				Change	Adoktori
NAME	LOREN BROWN,	E	2 2 NAME	. 1000000	LINDA SULLIVAN			
STREET ADDRESS	700 W. WOOD BRIDGE PLACE	5		F ADDRESS	ORLANDO, FL 32817			
CITY-ST-ZIP	LONGWOOD FL 32750 D	TOELETE	2 4 CHTY-	51 · ZIP	CREANUS, FE SASII		Change	☐ Addition
NAME	DAVID ROBINSON,		3 2 NAME					_
STREET ADDRESS	1276 BLUEBERRY COURT			I ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	714	3.4. DiTY -					
TITLE	D	[]DELETE	4 1 TITLE				Change	☐ Addition
NAME	ROY MEADOWS,		4 2 NAME					
STREET ADDRESS	522 HAVERLAKE CIRCLE		4 3 STREE	T ADDRESS				
CITY-ST-ZIP	APOPKA FL 32712-4048		4.4 CITY-	ST-ZIP				
TITLE		[]DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
C+TY - ST - ZIP			5 4 CITY-	ST-ZIP				
TITLE		[]DELETE	6 1 TITLE				☐ Change	Addition Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREE	T ADDRESS				
CITY - ST - ZIP			6 4 CHTY-					
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily furni	shed and do	s not qua	alify for the exemption stated in Section 119.	07(3)(k), F	orida Statu	utes. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.