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Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003824 (0)

1. Corporation Name

AMERICAN SMALL BUSINESS AND INVESTORS ASSOCIATIO
N, INC.



Principal Place of Business

375 DOUGLAS AVENUE
SUITE 1006
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

375 DOUGLAS AVENUE
SUITE 1006
ALTAMONTE SPRINGS FL 32714-3315
US

3. Date Incorporated or Qualified
08/19/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 1230 DOUGLAS AVE. ~~ALTAMONTE SPRINGS FL 32714~~

2a. Mailing Address

26 1230 DOUGLAS AVE

Suite, Apt. #, etc.

22 200

Suite, Apt. #, etc.

27 200

City & State

23 LONGWOOD, FL

City & State

28 LONGWOOD, FL

Zip

24 32779

Country

Zip

29 32779

Country

30 32779

4. FEI Number
59-3199357

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

MEADOWS, ROY
530 CORNWALL CT.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

162 E. RIVERBEND DR.

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBERTSON, PHILIP
STREET ADDRESS 3202-1006 ORLANDO DR
CITY-ST-ZIP SANFORD FL

TITLE D
NAME SULLIVAN, LINDA
STREET ADDRESS 11415 JUDGE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME DAVID ROBINSON,
STREET ADDRESS 1276 BLUEBERRY COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D
NAME ROY MEADOWS,
STREET ADDRESS 522 HAVERLAKE CIRCLE
CITY-ST-ZIP APOPKA FL 32712-4048

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D. ☐ Change ☒ Addition
2.2 NAME ALAN COLE
2.3 STREET ADDRESS 2603 TAMARA CT
2.4 CITY-ST-ZIP APOPKA, FL 32712

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 162 E. RIVERBEND DR.
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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

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

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ROBERTSON, PHILIP

R. Meadows

9/22/97

(407)
32714

CR2E037 (9/96)