NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9800005051

THE AMERICAN COUNCIL FOR ECONOMIC RESEARCH, INC.

Principal Place of Business 4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL-82402.32404 Malling Address

4116 U.S. HIGHWAY 231 NORTH PANAMA CITY FL-22402 32404

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90043 031 ***150.00

7 372473 - 90036 - 48



Principal Place of Business Za. Mailing Address					3. Date Incorporated or Qualified 08/31/1998			
21 26				 _		4. FEI Number	1 140	olled For
Sulte, Apt. #, etc. Suite, Apt. #, etc.						59-3532722		Applicable
27 Ch. 8 State							\$8.75 A	
City & StateCity & State23						5. Cortificate of Statue Desired	Fee Re	
23 [Zip				country		6. Election Campaign Financing	\$5.00	May Be
24	25	29 .	30			Trust Fund Contribution	Added to	
241		of Current Registered Agent	1301	\neg		10. Name and Address of New Registers	d Agent	
	110110 0110			81	Name			
	PON I CHARLES IR	,		82	0-444	ress (P.O. Box Number is Not Acceptable)		
HILTON, L. CHARLES JR 4118 U.S. HIGHWAY 231 NORTH					Street Add	ress (P.O. Box Number is not Acceptable)		ļ
					3			
PAN	iama city fl 32402						12-11-21-6	
				84	City	·F	L as Zip C	0000
47 6	and to the productors of Sections	817 0802 and 817 1508 Florid	a Statutes, th	abovi	e-named corr	poration submits this statement for the purpose	of changing its	registered
ofi ag	fice or registered agent, or both, in the pent, I am familier with, and accept the	he State of Florida. Such chang he obligations of, Section 617.0	e was authori 503, Florida S	zed by tatules	the corporati	on's board of directors. I hereby accept the app	ointment as reg	istered
SIGNA	·							
	Signature, typed or printed name of rec				r sjôvstrue usdrau	ADDITIONS/CHANGES TO OFFICERS /	NO DIRECTO	75 IN 12
12.		CERS AND DIRECTORS		3.		ADDITIONS CHARGES TO CITICENS	[] Change	Addition
me	D DELETE			1.1 TITLE		•	در د	
NAME	HILTON, L. CHARLES J			2 NAME				.
STREET ADDRESS 4116 U.S. HIGHWAY 231 NORTH					T ADDRESS			
CITY-ST-				1.4 CTY-ST-ZIP			Change	Addition
TITLE	D	D DELETE		2.1 TTLE			Closide	اسسم
NAME	HAYES, PAULA M			2 NAME	ł			
STREET			2	3 STREET	TADDRESS			i
CITY-ST-	ZP LOS ANGELES CA 9000	65		4 CTTY-8	T-ZP		C1Change.	Addition
TITLE	D	DELETE .		3.1 TITLE		•	Change	
NAME WRIGHT; TOM			3	3.2 NAME				
STREET ADDRESS 50 BRIAR HOLLOW LANE: #300 EAST			S. S.	8.3 STREET ADDRESS				
CITY-ST-	ZP HOUSTON TX 77027-93			4. CITY- S	T-21P	<u>-</u>		F7 4.4difform
HILE	D	□ DE	_,_ [.	1 TINE			Change	Addition
NAME	SCHICK, KENNETH W] 4	2 NAME		,		ĺ
STREET	NORESS 130 GLYNN WAY		[4	3 STREET	ADDRESS			[
CITY-ST-ZP HOUSTON TX 77056				44 CITY-ST-ZIP			[7] (2) a	PT Addition
me				1 TITLE			Change	Addition
NAME	Į.	•		2 NAME				
STREET	ADDRESS		1 -		ADDRESS			1
CITY-ST-	79			4 CITY-5	r-ZIP		<u> </u>	المالية المالية
MLE		□ DE		1 TITLE			☐ Change	Addition
NAME	J		9.	2 NAME	-			- 1
STREET	ADDRESS)				ADDRESS			j
	· 1		_	4 CITY-S	[

mental ground report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an encepter or traffice empowered to execute this report as required by Chapter 617. Florida Statutes; and that my hame appears in a statement with an address, with all other like empowered. I hereby certify that the information su-indicated on this annual report or sup-officer or director of the corporation of Block 12 or Block 13 if changed, or se

SIGNATURE:

EQUIRED