


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

FILED

Apr 01 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|---|---|--|
| DOCUMENT # P19924 (0) | | | | | |
| 1. Corporation Name AMERICAN PREMIER, INC. | | | | | |
| Principal Place of Business 801 E. EIGHTH AVENUE KING OF PRUSSIA PA 19406 US | | | Mailing Address 1801 NW EXPRESSWAY SUITE 1210 OKLAHOMA CITY OK 73118 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/05/1988 | |
| 21 Suite Apt. #, etc. | | 26 901 EAST 8TH AVE. | | 4. FEI Number 23-2517345 | |
| 22 City & State | | 27 KING OF PRUSSIA, PA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 19406 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 USA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE <input checked="" type="checkbox"/> DELETE | | | | | |
| 1.2 NAME ROBERTSON, CHARLES J | | | | | |
| 1.3 STREET ADDRESS 1801 NW EXPRESSWAY STE 1210 | | | | | |
| 1.4 CITY-ST-ZIP OKLAHOMA CITY OK | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 2.2 NAME HILL, NICOLE F. | | | | | |
| 2.3 STREET ADDRESS 72 CUMMINGS POINT ROAD | | | | | |
| 2.4 CITY-ST-ZIP STAMFORD CT | | | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 3.2 NAME LUFF, DONALD G. | | | | | |
| 3.3 STREET ADDRESS 901 E 8TH AVENUE | | | | | |
| 3.4 CITY-ST-ZIP KING OF PRUSSIA PA | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 4.2 NAME WALTERS, THOMAS E. | | | | | |
| 4.3 STREET ADDRESS 901 E 8TH AVE | | | | | |
| 4.4 CITY-ST-ZIP KING OF PRUSSIA PA | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 5.2 NAME MCDONALD, LEE T. | | | | | |
| 5.3 STREET ADDRESS 901 E 8TH AVENUE | | | | | |
| 5.4 CITY-ST-ZIP KING OF PRUSSIA PA | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | | | |
| 6.2 NAME HUBBARD, DONALD R. | | | | | |
| 6.3 STREET ADDRESS 901 E 8TH AVENUE | | | | | |
| 6.4 CITY-ST-ZIP KING OF PRUSSIA PA | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 1.2 NAME PRESIDENT - DIRECTOR | | | | | |
| 1.3 STREET ADDRESS C.H. GUNNET | | | | | |
| 1.4 CITY-ST-ZIP 901 EAST 8TH AVE | | | | | |
| 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 2.2 NAME 6 HAMPTON RL. | | | | | |
| 2.3 STREET ADDRESS PURCHASE, N.Y. 10577 | | | | | |
| 2.4 CITY-ST-ZIP TREASURER | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| 3.2 NAME BETTY A. CHANG | | | | | |
| 3.3 STREET ADDRESS 901 EAST 8TH AVE | | | | | |
| 3.4 CITY-ST-ZIP KING OF PRUSSIA, PA 19406 | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | |
| SIGNATURE: SIG. BARRY H. REQUIRED | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 610-337-1100 Daytime Phone # | | | | | |

CR2E034 (9/96)