SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:17

DOCUMENT # **P24073** **(9)**

1. Corporation Name

AMERICAN REVENUE CORP.

Principal Place of Business	Mailing Address
135 S.E. FIFTH AVENUE #200 DELRAY BEACH FL 33483	135 S.E. FIFTH AVENUE #200 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1989	3a. Date of Last Report: 05/26/1994
4. FEI Number: 13-2578156	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
8. This corporation has solely for intangible tax (under s. 199.032 Florida Statutes) ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MYERS, SHARON R
135 S.E. FIFTH AVENUE #200
DELRAY BEACH FL 33483

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	EISENROD, SOLOMON	12 NAME		
STREET ADDRESS	400 MADISON AVENUE	13 STREET ADDRESS	5 EAST 59TH ST.	
CITY ST ZIP	NEW YORK NY 10022	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	EISENROD, SALLY	22 NAME		
STREET ADDRESS	400 MADISON AVENUE	23 STREET ADDRESS	5 EAST 59TH ST	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	VT	31 TITLE		☒ Change ☐ Addition
NAME	BRIGGIN, ALEXANDER	32 NAME		
STREET ADDRESS	400 MADISON AVENUE	33 STREET ADDRESS	5 EAST 59TH ST.	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	~~VAS~~	41 TITLE	DELETE	☒ Change ☐ Addition
NAME	EISENROD, MICHAEL	42 NAME	"	
STREET ADDRESS	135 S.E. FIFTH AVENUE	43 STREET ADDRESS	"	
CITY ST ZIP	DELRAY BEACH FL 33483	44 CITY ST ZIP	"	
TITLE	AS	51 TITLE		☐ Change ☒ Addition
NAME	MELINDA MEISSNER	52 NAME		
STREET ADDRESS	135 S.E. 5th AVE STE. 200	53 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH, FL. 33483	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] VT 6/27/95 414-681-8340
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
ALEXANDER BRIGGIN

000030 CP