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FILED

Apr 30 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 # P24073

(9)

1. Corporation Name

AMERICAN REVENUE CORP.

Principal Place of Business

78 LAREDO LANE  
BOCA RATON FL 33487

Mailing Address

78 LAREDO LANE  
BOCA RATON FL 33487-1565

3. Date Incorporated or Qualified

04/26/1989

3a. Date of Last Report

04/24/1996

4. FEI Number

13-2578156

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

2. Principal Place of Business

21 675 E. Clearbrook Circle

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

Zip

33445

Country

25 USA

2a. Mailing Address

26 675 E. Clearbrook Circle

Suite, Apt. #, etc.

27 City & State

28 Delray Beach, FL

Zip

33445

Country

30 USA

9. Name and Address of Current Registered Agent

GUARDIAN CONSTRUCTION CORP  
135 SE FIFTH AVE 202  
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name Guardian Construction Corp.  
82 Street Address (P.O. Box Number is Not Acceptable)  
675 E. Clearbrook Circle  
83  
84 City Delray Beach FL 85 Zip Code 33445

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD EISENROD, SOLOMON  
5 EAST 59TH STREET  
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD EISENROD, SALLY  
5 EAST 59TH STREET  
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VT BRIGGIN, ALEXANDER  
5 EAST 59TH STREET  
NEW YORK NY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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

6.1 TITLE 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

Signature

2/13/97

CR2E034 (9/96)