

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 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 # P33385 (6)

1. Corporation Name
AMERICAN INSTITUTE OF CONSTRUCTORS, INC.



Principal Place of Business 466 94TH AVE N. ST. PETERSBURG FL 33702	Mailing Address 466 94TH AVE N. ST. PETERSBURG FL 33702-2522
---	--

3. Date Incorporated or Qualified 02/22/1991	3a. Date of Last Report 04/24/1996
--	--

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

4. FEI Number 73-0934883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARRIS, CHERYL P.
466 94TH AVE N.
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIEK, MARTIN	
STREET ADDRESS	705 SO. NORFOLK ST.	
CITY-ST-ZIP	AURORA CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES LAWLER	
STREET ADDRESS	30255 SOLON INDUSTRIAL PKWY	
CITY-ST-ZIP	SOLON OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARY THURSTON	
STREET ADDRESS	1820 LEMOYNE AVENUE	
CITY-ST-ZIP	SYRACUSE N	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THEISEN, C.J.	
STREET ADDRESS	12917 HARNE ST.	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERYL P. HARRIS	
STREET ADDRESS	466 94TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATTSON, DAVID	
STREET ADDRESS	4455 E. CAMELBACK RD.	
CITY-ST-ZIP	PHOENIX AZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C.J. Theisen	
1.3 STREET ADDRESS	P.O. Box 369 (N/A)	
1.4 CITY-ST-ZIP	Norfolk, NE 68702	
2.1 TITLE	Sr. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary Thurston	
2.3 STREET ADDRESS	1820 LeMoyné Ave.	
2.4 CITY-ST-ZIP	Syracuse, NY 13208	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James A. Slater	
3.3 STREET ADDRESS	314 Oakdale Drive	
3.4 CITY-ST-ZIP	Berea, OH 44017	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Mattson	
4.3 STREET ADDRESS	7045 Camelback Rd., Ste. D	
4.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Don Mulligan	
5.3 STREET ADDRESS	Arizona State University (N/A)	
5.4 CITY-ST-ZIP	Tempe, AZ	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Slater* **JAMES A. SLATER** 330-633-3150

CR2E037 (9/96)