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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P33385**

1. Corporation Name

AMERICAN INSTITUTE OF CONSTRUCTORS, INC.

Principal Place of Business

Mailing Address

1300 N 17TH STREET
 #830
 ROSSLYN VA 32209
 US

1300 N 17TH STREET
 #830
 ROSSLYN VA 22209
 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 **Same**

26 **Same**

02/22/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
73-0934883

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MD	<input type="checkbox"/> DELETE
NAME	SINGER, RICHARD W	
STREET ADDRESS	1300 N 17TH STREET SUITE #830	
CITY-ST-ZIP	ROSSLYN VA 22209	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THURSTON, GARY	
STREET ADDRESS	1820 LEMOYNE AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARY THURSTON	
STREET ADDRESS	1820 LEMOYNE AVENUE	
CITY-ST-ZIP	SYRACUSE N	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATTSON, DAVID	
STREET ADDRESS	7045 CAMELBACK RD, STE. D	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERYL P. HARRIS	
STREET ADDRESS	466 94TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schechtel, Sharon
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other life empowered.

SIGNATURE:

Sharon Schechtel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

Daytime Phone #

CR2E037 (1/98)