

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36806 (8)

1. Corporation Name

AMERICAN STUDIOS, INC.



Principal Place of Business

P.O. BOX 410609
CHARLOTTE NC 28241-0609

Mailing Address

P.O. BOX 410609
CHARLOTTE NC 28241-0609

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	City & State	30	Country

3. Date Incorporated or Qualified

12/20/1991

3a. Date of Last Report

02/08/1995

4. FEI Number

56-1758321

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature is required when first filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BATES, RANDY J.	
STREET ADDRESS	11001 PARK CHARLOTTE BLV	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, R. KENT	
STREET ADDRESS	11001 PARK CHARLOTTE BLV	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SWENSON, NORMAN V., JR.	
STREET ADDRESS	11001 PARK CHARLOTTE BLV	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, ALAN P.	
STREET ADDRESS	11001 PARK CHARLOTTE BLV	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRELL, JOHN D.	
STREET ADDRESS	250 VESEY ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEAL, JAMES W.	
STREET ADDRESS	11011 PARK CHARLOTTE BLV	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 checked="" 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 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)(k), 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: *James W. Neal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Neal
Asst VP of TAXES

3-19-96

(704) 588-4351

CR2E034 (12/95)