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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P36915 **DOCUMENT #**



AMERICAN FINANCIAL ACQUISITION CORPORATION

Mailing Address						
2720 EAST CAMELBACK ROAD PHOENIX AZ 85106						



											3. Date Incorporated or Quality 01/02/1992	ied	3a. Da	ite of Last 08/11/1	Report 005	
2. Principal Place of Business					2a. Mailing Address					4. TET Number		L'	00/11/1			
21				26					60-1400000							
Suite, Apt. #, etc.					Suite, Apt. #, etc.											
22					27				[5. Certificate of Status Desired	t			75 Additional e Required		
City & State				I		City & State					6. Election Campaign Financin	····—			-·- <u> </u>	
23				28					Trust Fund Contribution	9			00 May Be ded to Fees			
<u> </u>	Zip 1		Country		7	'ip	Co	untry	/		8. This corporation has liability	for ir	ntangible			
24 25					29					I	Flonda Statutes ☐ Yes ☐ No					
-	·	9. Name	and Addres	s of Current Re	egiste	red Agent					10. Name and Address of Ne	w Re	egistered	Agent		
KIRSCHNER, MAIN P GRAHAM																
	VINOCU	NEK, MAIN	I P GRAHAI	M				82	Street A	 ddress	(P.O. Box Number is Not Acce	estatst.	<u></u>		- -	
	LINDER	ENDENIE	OR, STE 200)				L.			The state of the s	DIODIC	5)			
1	JACKSU	NVILLE FL	. 32202					83								
								84	City				·			
									,,				FI	l f	Zip Code	
11	 Pursuant to or registere 	o the provision	ons of Section	ns 607,0502 and	1 607.1	508, Florida Statut	es, the abo	ove i	named con	poratio	on submits this statement for the	DUTE	ose of ch	anging its	registered office	
	familiar witi	h, and accep	of the obligation	ons of, Section 6	307.05	nange was authonz 05, Florida Statutes	ied by the i 3.	corp	oration's ti	ioard o	in submits this statement for the fidirectors. Thereby accopt the property of the control of th	appoi	intment as	s registere	d agent. Lam	
Si	GNATURE _															
40		Signature, typied o		egisle ed agred are t			III Bogisteren	A _s pir	ili Pisopiat e i no j	preside	sing estima		t:ATE			
12		_p	OFF	ICERS AND DIE	RECTO		13.				ADDITIONS/CHANGES TO	OF FIG	ERS AN	DIRECT	ORS IN 12	
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SIRE	ET ADDRESS		CAMELBAC	k road			6.3 STF	(SET A	DOPESS							
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14.	I do hereby	certify that th	ne information	supplied with the	vis filling	n is voluntarily forcis	المامور المصاد		1							

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: