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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000031891 (3) **DOCUMENT #**

1. Corporation Name

AMERIC	an Commercial Lith	IOGRAPHERS INC.					
Principal Place of Business Mailing Address							
4260 114TH TERR N. 4260 114TH TER CLEARWATER FL 34622 CLEARWATER F							
				3. Date incorporated or Qualified 04/30/1993	3a. Date of Last Report 04/26/1995		
Principal Place of Business 1		2a, Mailing Addres	S	4. FEI Number	Applied Fo		
		26		59-3180587	Not Apple		
Suite, Apt. #, (Suite, Apt. #, etc. Suite, Apt. #, etc. 27		tc.	5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 мау в		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Ziρ	Country	8. This corporation has liability for	_		

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Applied For Not Applicable
\$8.75 Additional

Fee Required **\$5.00** May Be

24	25	[29]	30	,		Fiorida Statutes 169 L199
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
WALTER, PAUL				82	Street A	Address (P.O. Box Number is Not Acceptable)
4260 114TH TERR N						
CLEARW	/ATER FL 34622			83		
				84	City	85 Zip Code
				0.4	City	FL S Z D C C C C C C C C C
11. Pursuant to	the provisions of Sections 607 050.	2 and 607.1508. Florida Statute	s, the abo	ove u	hamed co	orporation submits this statement for the purpose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Flor n, and accept the obligations of Sec	ida. Such change was authorize tio w 607.0506. Florida Statutes	id by the i	corp	oration's	board of directors. Thereby accept the appointment as registered agent. Fam
	101161111	17751 ·				4-21-96
SIGNATURE.	Signature Type to on printed that each regionered ages	tand the many states (ABD)	lE Rajidija	i A.jeś	FS(1 where to	og ved who constating OATE
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEFELE	1 1 1	li'tE		☐ Change ☐ Addition
NAME	Walter, Paul		12 N	AME		
STREET ADDRESS	4260 114TH TERR N		135	THEE!	ADDRESS	
CHTY - ST - ZIP	CLEARWATER FL 34622		140	JTY - S	T - ZiP	
TITLE		DELETE	2 1 1	TITLE		☐ Change ☐ Addition
NAME			22 N	IAM1		
STREET ADDRESS			23S	THEET	ADDRESS	
CHTY - ST - ZIP			24C	11 y - S	ST - ZVP	
TITLE		□ DELETE	3 1 1	HILE		Change 🔲 Addition
NAME			3 2 N	IAME		
STREET ADDRESS			335	STREET	LADORESS	
CITY-ST-ZIP			340	HY S	I - ZIF	
TITLE		☐ DELETE	4.1	IIILE		☐ Change ☐ Addition
NAME			4 2 N	AME		
STREET ADDRESS			435	TREET	ADDRESS	
CITY -ST - ZIP			440	HY-S	H - ZIP	
TITLE		☐ DELETE	5.1	THE		Change Addition
NAM E			521	IAM:		
STREET ADDRESS			535	TREE1	ADDRESS	
CITY-ST-ZiP			540	TYES	ST - 2:P	
TITLE		DELETE	6.1	liftE		☐ Change ☐ Addition
NAME			62 N	IAME		
STREET ADDRESS			638	TREE	ADDRESS	
CITY - ST - ZIP			640	iry s	S' - 70°	

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not quarify 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 13 if changed, or on an attachingent with an address

SIGNATURE:

NATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-27-96-813512-8011