FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000035404 (1)**

AMERICAN REDEMPTION CORPORATION

Principal Place of Business ABOUT ANTIC BLUD

Mailing Address

1921 E ATLANTIC RIVO

FILED May 01 1997 8:00am Secretary of State



POMPANO BEA	ACH FL 33082		O BEACH FL 3	3060-6551	i .						
5.						3. Date Incorporated or Qualified 05/13/1993	05/13/1993 02/0		ate of Last Report 08/1996		
2. Principal Pl	lace of Business	2a. Maili	2a. Mailing Address			4. FEI Number	Applied For		For		
21		26	26			65-0422758			Not Applicable		
Suite, Apt. #, etc.		Suito 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		}1	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25			Country 30		8. This corporation has liability for florida Statutes	☐ Yes ☐ No				
	9. Name and Addres	s of Current Registered	Agent			10. Name and Address of New Re	gistered /	Agent			
1921	HIN, RANDALL L 1 E ATLANTIC BLVD IPANO BEACH FL 331	neo		8		oddress (P.O. Box Number is Not Acceptat	ole)				
·	ILVIIO PEVOLLI F 001	νοε.		8	3				and the second contracts of		
				8	-		FL		Zip Code		
office or ragent. I a						corporation submits this statement for the p oration's board of directors. I hereby acce		oinlmen	it as registe	ered	
		of registered agent and little if applic	T1:44T4		gent signature	required when renstating)	JEAG		TODO IN A		
12.	DP	FICERS AND DIRECTOR	S DELETE	13.	I	ADDITIONS/CHANGES TO OFFIC	JEHS AIVL	Cha		Addition	
	ELIE, RICHARD G		[DELETE	1.2 NAM	1				ngo,	- Nagreron	
NAME	1921 E ATLANTIC E	er vin			ET ADDRESS						
STREET ADDRESS	POMPANO BEACH										
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CITY-ST-ZIP				6.4 CITY							
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I do hereby certify that the information supplice with this tiling 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 of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation in 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 attachment with an address.