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

PROFIT
CORPORATION
ANNUAL REPORT

1998

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami '

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jun 01 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition

DÔCUMENT # P93000052064 (1)

AMERICAN TRADE CENTER, INC.

MAIEDIO	AN INADE CENTER	INC.						
Principal Place	of Business	Mailing Address					IR SLOTE ROLFA MESTE DEDE FORE	
5845 118TH A	VENUE FL-194804 33782	204 AVANDA CT. Clearwater Fl 94646 93756						
US US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	_					07/26/1993		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
1		26				59-3192148	Not Applicable	
Suite, Apt. #	f, etc	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Cily & Stale	k mi			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Co			8. This corporation owes or has paid the cu	rrent year Intangible	
25		29	30	30		Personal Property Tax due June 30. Pres No		
	Name and Address of the contract of th	Current Registered Agent		<u> </u>		10. Name and Address of New Registered	Agent	
204 AVANDA COURT				81	Name			
				82 Street Address (P.O. Box Number is Not Acceptable)				
CLE								
	•			83				
	• :			84	City	FL	85 Zip Code	
office or re	gistered agent, or both, in the	07 0502 and 607 1508, Florida State of Florida Such change obligations of Section 60 7.0 5	was authoriz	ed by	the corporat	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	f changing its registered pointment as registered	
Bignature ;	agnature, typed or profit of name of regist	ered agent and the if applicable	(NOTE Register	ed Age	nt signature requi	ed when (einstating) DATE		
12.	OFFICE	RS AND DIRECTORS	13	•	724	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12	
ITLE .	D	DELE	[Ē 1,1	TITLE	10	AST B. Davenonct	Change Addition	
AME	DAVENPORT, RUTH G		12		Alden B. Davenport Change KI			
TREET ADDRESS	204 AVANDA COURT		1.3	STREET	ADDRESS 2	17 11 Various C.	٠/٠	
ITY-ST-ZIP	CLEARWATER FL 34643	,	1.41	CITY - 5	I-ZIP	learwater, FL 3375	7 <i>1</i> 0	
TLE	PST	DELE	TE 2.1	2.1 TITLE		Flden B. Davenport	☐ Change ☑ Addition	
AME .	- DAVENPORT, RUTH	•	2.2			tiden B. Davenjord	,-	
STREET ADDRESS	204 AVANDA CT		2.3	STREET	ADDRESS 5	204 Avanda CT		
CITY-ST-ZIP	OLEARWATER FL		•	CITY-S	1 700	learworter FL 337	156	

 CITY-ST-ZIP
 5.4 CITY-ST-ZIP

 TITLE
 OELETE
 6.1 TITLE
 Change
 Addition

 NAME
 62 NAME

 STREET ADDRESS
 6.3 STREET ADDRESS
 CITY-ST-ZIP
 6.4 CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 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 or powered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or in an address.

SIGNATURE! Clean & Missen Sels 4-24-98 4161

DELETE

DELETE

DELETE