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 # P93000073139 (6)

AMERICAN ADVISORS CORP.

Principal Plac	e of Business	Mailing Add	Mailing Address						
1326 SE 17 S	T		1326 SE 17 ST						
STE 322 FT LAUDERDA	I E EL 22216	STE 322	DALE EL 000164	300					
US	LE PL 33316	US CAUDEN	FT LAUDERDALE FL 33316-1708 US				3. Date Incorporated or Qualified 3a. Date of Last Report		
							10/21/1993	05/03/199	
2. Principal P	lace of Business	29. Mailing	Address				4. FEI Number		Applied For
21		26					59-3128842		Not Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.		•		Certificate of Status Desired	\$8.7	5 Additional
22		27					Gordinoale of Olatos Desireo	Fee	Required
City & Stat	e	City & S	State				6. Election Campaign Financing		0 May Be
23		28					Trust Fund Contribution		ed to Fees
Žip	Country	Zip	<u></u>	Country	y		8. This corporation has liability for in		r s. 199.032,
24	25 9. Name and Address of Curr	29	ant 3	0			10. Name and Address of New Reg	Yes No	
UEA		ont registered Ag	0)11	81	TN	ame	10. Hallie Bild Address Of New Meg	hareten wäeur	
	AP, DONALD K						1		
	6 SE 17TH STREET		82 Street Ad			reet Addres	ss (P.O. Box Number is Not Acceptabl	e)	
	TE 322 Lauderdale FL 33316			83	+				
ri.	LAUDENDALE PL 333 10								
				84	Ci	ty		FL 85 Z	p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statutes	, the abov	e-na	med corpo	ration submits this statement for the p	rnose of changin	g its registered
l office or r	egistered agent or both, in the Sta ini familiar with, and accept the obt	de at Florida, Suchi	change was aut	harized h	v tha	corporatio	n's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE.	Stgnature, typed or printed name of registered a	agont and life if applicable	(NOTE: F	Registered Ag	ent sig	nature required	d when reinstating)	DATE	
12.		ND DIRECTORS		13.	•		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PTSD		DELETE	1.1 TITLE				Chang	e Addition
NAME	HEAP, DONALD K			1.2 NAME					
STREET ADDRESS	C/O 1328 S.E. 17TH STREE			1.3 STREE	T ADDR	IESS			
C(TY-ST-7IP	FORT LAUDERDALE FL 333	16		1.4 CITY-:	ST-ZIP				
TITLE		l	DELETE	21 TITLE				Chang	e 🔲 Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDA	RESS			
CITY-ST-ZIP				2 4 CiTY-	ST-Zif	>			
TITLE		L	DELETE	3.1 TITLE				Chang	e Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDR	RESS			
C(1Y - \$1 - 7IP			DELEZ?	3.4 CITY-	ST-ZIF	· · · · · · · · · · · · · · · · · · ·		——	
TITLE		L	DELETE	4.1 TITLE				☐ Chang	e Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE					
CITY-ST-ZIP			DE FEE	4 4 CITY - 1	ST-ZIP				
TITLE		L	DELETE	5.1 TITLE				☐ Chang	e Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDR	RESS			
CITY - ST - ZIP			DELETE	5.4 CITY -:	ST-ZIP				
THTLE		L	DELETE	6.1 TITLE				Chang	e 🔲 Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDR	ESS			
C(TY - S1 - 7)P				6 A CITY	210	. i			

SIGNATURE:

appears in Block 12 or Block 13 if

14. I do hereby certify that the information supplied with this filli-information indicated on this annual report or supplemental. I am an officer or director of the corporation or the receiver of the corporation.

One and TYPED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

I qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 1 is true and accurate and that my signature shall have the same legal effect as if made under oath; that mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(617) 878-0070

FILED

Feb 04 1997 8:00am

Secretary of State