

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:30

DOCUMENT # P94000032769 (9)

1. Corporation Name

AMERICAN INTERNATIONAL CONSULTING GROUP, INC.

Principal Place of Business

ONE TAMPA CITY CENTER
SUITE 2350
TAMPA FL 33602

Mailing Address

ONE TAMPA CITY CENTER
SUITE 2350
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

N/A (INITIAL)

4. FEI Number

59-3243533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 7073 So Shore Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 Same as 2.
Suite, Apt. #, etc.

22 City & State

23 St Petersburg, FL

Zip

24 33707

Country

25 Pinellas

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CHOI, MIKE
ONE TAMPA CITY CENTER
SUITE 2350
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7073 Saint Pete So Shore Dr

83

84 City

Saint Petersburg

FL

85 Zip Code

33707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-30-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

D

CHOI, MIKE

STREET ADDRESS

ONE TAMPA CITY CENTER SUITE 2350

CITY - ST - ZIP

TAMPA FL 33602

TITLE

D

NAME

BRADLEY, P.J.

STREET ADDRESS

7073 So Shore Dr

CITY - ST - ZIP

St Petersburg, FL 33707

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7073 So Shore Dr

St Petersburg, FL

33707

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

Bradley, P.J.

7073 So Shore Dr

St Petersburg, FL

33707

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. J. Bradley
VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

813-343-1512

Date

Telephone (Area #)