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

Mailing Address

3921 S.W. 47 AVE.

**SUITE 1003** 

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3921 S.W. 47 AVE.

**SUITE 1003** 

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000054129 (8)

## AMERICAN INDUSTRIAL GENERATOR COMPANY

FORT LAUDERD	DALE FL 33314	FORT	FORT LAUDERDALE FL 33314-2814								
							3. Date Incorporated or Qualified	3a. Date of		eport	
							07/13/1995	01/02/19	997		
2. Principal P	lace of Business	2a. M	2a. Mailing Address				4. FEI Number			plied For	
21		26	26				65-0594144		No	t Applicable	
Suite Apt	#, etc.		Suite, Apt. #, etc.					\$5		Additional	
22		27	27				5. Certificate of Status Desired	T T	Fee Re		
City & Stat	е		City & State				6. Election Campaign Financing		5 00	May Be	
23		28	,				Trust Fund Contribution			o Fees	
Zip	Country	7		Co	untry	<del></del>					
h	<u>Ի</u> 1	<del></del> 1	117	30	y		8. This corporation has liability for in Florida Statutes	Yes No		199.032,	
24	25	29	ad Arent	[30]	· T · · · ·						
9. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent  81 Name					
BLANKENSHIP, WILLIAM L					OI Name				l		
	I S.W. 47 AVE.		82 Street Ac			Street Add	dress (P.O. Box Number is Not Acceptab	le)			
Suit	E 1003										
FOR	T LAUDERDALE FL 33314				83						
					1				1	5.3.	
	•				84	City		FL 85	Zip	500e	
11 Pursuant	to the provisions of Sections 60	7.0502 and 607	1508 Florida Statut	es the	above	-named col	rporation submits this statement for the p		oina it	s registered	
off-pe or r	registered agent, or both, in the	State of Florida	Such change was	authoriza	ed by	the corpora	ation's board of directors. I hereby accep	t the appointm	ent as	registered	
agent La	im familiar with, and accept the	obligations of S	ection 607.0505, Fig	orida Sta	atutes		_	./ 1			
SIGNATURE:		ulled	ż					118/97			
	Signiffice, typed or printed name of legiste					nt signature requ	ulred when reinstating)	DATE		0.001.60	
12.		S AND DIRECTO		13	<del></del>		ADDITIONS/CHANGES TO OFFIC			S IN 12 Addition	
TOLE	PTD		DELETE		TITLE	-		L., (	Change	L.J ADDRION	
NAME	BLANKENSHIP, WILLIAM L			1.21	NAME					j	
STREET ADDRESS	4501 SOUTHWEST 43 AVI			1.3	STREET.	ADDRESS					
CITY - ST - ZIP	FORT LAUDERDALE FL 33	3314		1.41	CITY-\$1	T-ZIP					
111LF	VSD		DELETE	2.1	TITLE				hange	Addition	
NAME	BLANKENSHIP, ALEIDA M			22	NAME	1					
STREET ADDRESS	4501 SOUTHWEST 43 AVI					ADDRESS					
ì	FORT LAUDERDALE FL 33										
CHY-S1-ZIP	TOM DAUDENDALL TE OC	~!-	DELETE		CITY-S	I - ZIP		ר ד	hange	Addition	
TITLE			L., DECERE		TITLE			L., (	/ trailigo	L MOUNTON	
NAME					NAME						
STREET ADDRESS				3.3	STREET	address					
CHY-ST-ZIF		······		3.4.	CITY-S	T - ZIP		·			
THUE			DELETE	4.1	TITLE	[			change	Addition	
NAME				4 2	NAME						
STREET ADDRESS				43	STREET	ADDRESS	•				
CHY-ST-ZP			DELETE		CITY - S' TITLE	1-217		TT	hange	Addition	
			L. OCICIL						v ien i Ād	Fraction!	
NAME					NAME						
STREET ADDRESS				5.3	STREET	address					
CHTY - S1 - ZiP				5.4	CITY-S	1-21P					
TITLE			DELETE	6.1	TITLE				Change	☐ Addition	
NAME	[			6.2	NAME	1				ľ	
expert /fund.c:						AUUDECC					

6.4 CITY-ST-ZIP

14. To 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.