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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000057608 (8) **DOCUMENT #**

1. Corporation AMERIC	CAN FEDERAL PROPERTI	ES, INC.	,					
Principal Place	Mailing Address			1 FOULTONT (IN POINT DILLE BOTH OF THE	18/11 13/10 1 3/ 1	10 1 0 0 11 0 1111 (1	JB(81 10)! 188 (
4347-10 UNIVERSITY BLVD SOUTH 4347-10 UNIVERSITY BLV JACKSONVILLE FL 32216 JACKSONVILLE FL 32218								
					3. Date incorporated or Qualified 07/20/1995	3a. Date	of Last Rep	port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	L	A	pplied For
21		26	26		59-3331709			lot Applicable
Suite Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
Oity & State		28		Trust Fund Contribution Added to Fees				
Zφ	Country	Zipi	Country		8. This corporation has liability for in		x under s	199.032,
24	25	29	30		Florida Statutes			
	9. Name and Address of Curre	ent Registered Agent	81	Nkaa:=	10. Name and Address of New R	egistered A	Agent	
			81	Name				
	HEEKIN, ROBERT A			Street Add	Address (P.O. Box Number is Not Acceptable)			
4347-10 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216			83					
JACKSU	MAILLE LT 25510						Tabl 3	
			84	City		FL	85 Zip	Code
	Separture types or protest here of respective as a	staletterapidade. (*) ND DIRECTORS	OTF Roges et Age	त्रह्माची क रूपम	aliza rettatig ADDITIONS/CHANGES TO OFFI	DATE OF BS AND	DIRECTOR	RS IN 12
12.	D OFFICE NS A	DELETE	1 1 111(8		ADDITIONS OF IAMAGES TO CITY		Change	☐ Addition
NAME r	SLEIMAN, ELI T		1.2 NAME		_ , _			
SIREELANDRESS	4347-10 UNIVERSITY BLVD	SOUTH	1.3 S1 HEE	I ADDRESS				
CITY-ST-2IP	JACKSONVILLE FL 32216		1.4 CITY -	ST-ZIF				
TIFLE	D	☐ DELETE	2 1 TITLE				_ Change	☐ Add tion
NAME	SLEIMAN, JOSEPHINE T	AA1771	2.2 NAME					
STREET ADDRESS	4347-10 UNIVERSITY BLVD	SOUTH		LADDRESS				
CITY- ST-2IP	JACKSONVILLE FL 32216	□ DELETE	2.4 CITY ·			Г	Change	Addition
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NAME.			5.2 NAME					
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NAME emocal approprie				: LADDRESS				
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64CITY ST ZIP

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 119.07(3)(k), Florida Statutes. I further cerufy 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 optionation 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 changes for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peter D. Sleiman