## 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** # P95000083965 (0)

AMERICAN FEDERAL EQUITIES, INC.

Principal Place of Business 4347-10 UNIVERSITY BOULEVARD SOUTH Mailing Address

4347-10 UNIVERSITY BOULEVARD SOUTH

## **FILED** Apr 30 1997 8:00am Secretary of State



| JACKSONVIL                               | LE FL 32216  | JACKSONVILLE FL 32  | 216-4977                                       |                     |                                  |  |                      |                             |                            |  |
|--|--|---|--|---------------------|----------------------------------|--|----------------------|-----------------------------|----------------------------|--|
|  |  |   |  |                     | 10/30/1995 04/22                 |  |                      | of Last Report<br>2/1996    |                            |  |
| 2. Principal Place of Business           |  | 28. Mailing Address   |  |                     | 4. FEI Number                    | <u>.                                    </u>   | Ap                   | oplied For                  |                            |  |
| 21                                       |  | 26  |  |                     |                                  | 59-3349812   |                      | No                          | ot Applicable              |  |
| Sulte, Apt. #, etc.                      |  | Suite, Apt. #, etc.<br>27   |  |                     | 5. Certificate of Status Desired | \$8.75 Additional Fee Required   |                      |                             |                            |  |
| City & Stat                              |  | City & State  |  |                     |                                  | Election Campaign Financing Trust Fund Contribution                                  |                      | \$5.00<br>Added t           | May Be<br>to Fees          |  |
| Zip<br>24                                | Country 25   | Ζιρ<br><b>29</b>  | <b>30</b>                                      | ntry                |                                  |  | ☐ Yes [X] No         |                             |                            |  |
|  | 9. Name and Address of Currer  | nt Registered Agent   |  |                     |                                  | 10. Name and Address of New Reg  | istered A            | gent                        |                            |  |
|  | EKIN, ROBERT A   |   |  | 81                  | Name                             |  |                      |                             |                            |  |
|  | 47-10 UNIVERSITY BOULEVARD   | SOUTH   |  | 82                  | Street Add                       | ress (P.O. Box Number is Not Acceptabl   | e)                   |                             |                            |  |
| JA                                       | CK <b>SONVILLE</b> FL 32216  |   |  | 83                  |                                  |  |                      |                             |                            |  |
| I  |  |   |  | 63                  |                                  |  |                      |                             |                            |  |
| <u></u>                                  |  |   |  |                     | Cily                             |  | FL                   | 1 1 '                       | Code                       |  |
| 11. Pursuant<br>office or r<br>agent. La | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig | 02 and 607.1508, Florida Stat<br>of Horida, Such change war<br>ations of, Section 607.0505. | tutes, the ab<br>s authorized<br>Florida Stati | ove<br>Lby<br>utos. | named corpora                    | poration submits this statement for the pution's board of directors. I hereby accept | rpose of<br>the appo | changing its<br>sintment as | s registered<br>registered |  |
| SIGNATURE                                | Signature, typed or printed name of registered ago   |   |  |                     |                                  | ired when reinstating)   | DATE                 |                             |                            |  |
| 12.                                      | OFFICERS AN  | ID DIRECTORS  | 13.  |                     |                                  | ADDITIONS/CHANGES TO OFFICE  |                      | DIRECTOR                    | S IN 12                    |  |
| TITLE                                    | D  | ☐ DECETE  | . 1.1 111                                      | Lŧ                  |                                  |  |                      | Change                      | Addition                   |  |
| NAME                                     | SLEIMAN, PETER D   | 3/155 66/F/   | 1.2 NA   | ME                  |                                  |  |                      |                             |                            |  |
| STREET ADDRESS                           | 4347-10 UNIVERSITY BOULE<br>JACKSONVILLE FL 32216  | WARD SOUTH  | 1.3 \$1  | ₹£1 A               | ADDRESS                          |  |                      |                             |                            |  |
| CITY-ST-ZIP<br>TITLE                     | JACKSONVILLE FL 32216  | DELETE  | 1.4 011  | _                   | - ZIP                            |  | ,                    |                             |                            |  |
| NAME                                     |  | L_1 DELETE  | 2.1 111  |                     |                                  |  |                      | Change                      | Addition                   |  |
| STREET ADDRESS                           |  |   | 2.2 NA   |                     | ADDRESS                          |  |                      |                             |                            |  |
| CITY-ST-ZIP                              |  |   | 2.4 CI   |                     | 1                                |  |                      |                             |                            |  |
| TITLE                                    |  | DELETE  | 3.1 111  |                     |                                  |  |                      | Change                      | Addition                   |  |
| NAME                                     |  |   | 3.2 NA   | ME.                 |                                  |  |                      | ,                           |                            |  |
| STREET ADDRESS                           |  |   | 3.3 S11  | HEEL A              | ODRESS                           |  |                      |                             |                            |  |
| CITY-ST-ZIP                              |  |   | 3.4.00   | [Y-\$1              | -7fP                             |  |                      |                             |                            |  |
| TITLE                                    |  | DELETE  | 4 1 111  |                     |                                  |  |                      | Change                      | ☐ Addition                 |  |
| NAME                                     |  |   | 4 2 N/   | ME                  |                                  |  |                      |                             |                            |  |
| STREET ADDRESS                           |  |   |  |                     | LODRESS                          |  |                      |                             |                            |  |
| CITY-ST-ZIP<br>TITLE                     |  | DELETE  | 4 4 CIT  |                     | - Z-F'                           |  |                      | 7 0                         | The second                 |  |
| NAME                                     |  | [_] Little  | 5 1 1lî  |                     |                                  |  |                      | Change                      | Addition                   |  |
| STREET ADDRESS                           |  |   | 5.2 NA   |                     | onneces                          | •  |                      |                             |                            |  |
| CITY-ST-ZIP                              |  |   |  |                     | DDRESS                           |  |                      |                             |                            |  |
| TITLE                                    | h  | DELETE  | 5.4 CIT<br>6.1 TrT                             |                     | - 1 (L.                          |  |                      | Change                      | Addition                   |  |
| NAME                                     | <b> </b>  }  |   | 6.2 NA   |                     |                                  |  | ı                    | ondrigo                     | riguilion                  |  |
| STREET ADDRESS                           | <b>II</b>  |   |  |                     | DDRESS                           |  |                      |                             |                            |  |
| CITY-ST-ZIP                              | 1  |   | 6.4 011  |                     | - 1                              |  |                      |                             | ļ                          |  |
| 44 1 3 1 1 1 1                           | <del></del>  |   | 0 1 0 1  | . 01                |                                  |  |                      |                             |                            |  |

I do 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 cortify 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

Peter D. Sleiman 4/10/97