FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000084850 (3)**

1. Corporation Name

AMERICAN OVERSEAS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
585 ESTATES PLACE LONGWOOD FL 32779	585 ESTATES PLACE LONGWOOD FL 32779

3. Date Incorporated or Qualified: **11/06/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 555 ESTATES PLACE
22: Suite, Apt. #, etc:
23: City & State: LONGWOOD FL. 32779
24: Zip: 32779 | 25: Country: SEMINOLE

2a. Mailing Address
26: 555 ESTATES PLACE
27: Suite, Apt. #, etc:
28: City & State: LONGWOOD FL.
29: Zip: 32779 | 30: Country: SEMINOLE

4. FEI Number: 59-3356209 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, ROBERT H JR.
152 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** | 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 or 1 607.1508, 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: (Registered Agent signature required when filing) DATE:

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: NANFELT, CHARLOTTE
STREET ADDRESS: 585 ESTATES PLACE
CITY-ST-ZIP: LONGWOOD FL 32779
☒ DELETE

TITLE: DIRECTOR-PRESIDENT
NAME: TRICKER, DAVID
STREET ADDRESS: 555 ESTATES PLACE
CITY-ST-ZIP: LONGWOOD, FL. 32779
☐ DELETE

TITLE: DIRECTOR
NAME: COBURN, STACY
STREET ADDRESS: 555 ESTATES PLACE
CITY-ST-ZIP: LONGWOOD, FL 32779
☐ DELETE

TITLE: DIRECTOR-SECRETARY/TREASURER
NAME: JONES, JOHN J
STREET ADDRESS: 354 LAKEVIEW ST.
CITY-ST-ZIP: ORLANDO, FL. 32804
☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
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 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.

SIGNATURE: [signature] 2/9/96 407-766-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)