

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092014 (6)

1. Corporation Name

AMERICAN INSTITUTE OF MANAGEMENT & DEVELOPMENT,
INC.

Principal Place of Business

1765 OAK LAKES DRIVE
SARASOTA FL 34232

Mailing Address

1765 OAK LAKES DRIVE
SARASOTA FL 34232



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PD BOX 7003
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 SARASOTA, FL 34238
Zip

Country

24

25

29 34238

30

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

65-0625660

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOOLF, BARRY P
STREET ADDRESS 1765 OAK LAKES DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ DELETE

TITLE VD
NAME BURBANO, JUAN
STREET ADDRESS 1765 OAK LAKES DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ DELETE

TITLE VTD
NAME BURBANO, CHERYL
STREET ADDRESS 1765 OAK LAKES DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ DELETE

TITLE SD
NAME LACHOWITZER, LAURIE
STREET ADDRESS 1765 OAK LAKES DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☐ 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 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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:

CHERYL M. BURBANO
Date 3/8/96 Daytime Phone # 813-924-4264

CR2E034 (12/95)