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

PROFIT CORPORATION **FANNUAL REPORT** 

1997



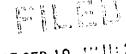
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000029409 (5)

AMERICAN MODEL 2000, INC.



97 SEP 10 "11:31

SECRETARY OF STATE TALLAHASSEE FLORIDA



						NOJIA ((BIK (BI)) 410J ADITO 1861 JESI	
Principal Place of Business Mailing Address							
14596 BELMONT TRACE WELLINGTON FL 33414		14596 BELMONT TRACE WELLINGTON FL 33414-7627					
					3. Date Incorporated or Qualified 04/02/1996	3a. Date of Last Report	
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21		26		65-0694265	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat			City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	<b>Z</b> ip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Reg	istered Agent	
	BAR, CHARLES W III		[1	81 Name			
LEVINE, FRANK & EDGAR, P.A.			la la	82 Street Address (P.O. Box Number is Not Acceptable)			
	O PGA BLVD., STE. 500						
PAL	M BEACH GARDENS FL 33410		[8	33			
			Ī	84 City		FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered age	en and tile if applicable (NO	NE Registered		rporation submits this statement for the plation's board of directors. I hereby accepuicd when reinstaling)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D WATER F	L. DELETE 1.1		.E		☐ Change ☐ Addition	
NAME	MICK, KATHY E		1.2 NAM	1			
STREET ADDRESS	14596 BELMONT TRACE WELLINGTON FL 33414			EET ADORESS		·	
CITY-ST-ZIP	WELLINGTON PE 33414	☐ DELF1€		(-SI-ZIP		Change Addition	
TITLE		DEFLIC	21 1111	1	يبتهن وسندر ودعم ويدعن وبنتن يتنادن والنبو	• • •	
NAME OTOSET ADDRESS			2 2 NAN		900022919998 -09/12/9701101006 ****165.00 ****165.00		
STREET ADDRESS				EET ADDRESS			
CITY+ST-ZIP TITLE		DELETE	2. 4 CH	Y-ST-ZIP	कुरुक्त १६००	Change Addition	
NAME		State	3.1 101 3.2 NAN	1		☐ 211@1Å2 ☐ V03(((()))	
STREET ADDRESS				EE1 ADDRESS			
CITY-ST-ZIP				Y-ST-71P			
TITLE		☐ DELETE	4.1 TITL			Change Addition	
NAME	,		4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 0(1)	(-\$1-2IP			
TITLE		DELETE	5.1 TITE	F		Change Addition	
NAME (			5.2 NAN	NE			
STREET ADDRESS			5 3 STR	EET ADDRESS			
CITY-ST-ZIP			5400	(-St-ZIP			
TITLE		☐ DELETE	61 TITL	₹ T		☐ Change ☐ Addition	
NAME			6 2 NAA	AE	^		
STREET ADDRESS			6.3 STR	EE1 ADDRESS	ao		
CITY-ST-ZIP			6.4 CITY	(-S1-ZIP	we		

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 certify that the information indicated on this annual report or supplies notal annual report is frue 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 required empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if Block 13 if changing or or an affairment with an address.