2000	UNIFORM BUSI	NESS REPO	RŤĽU	BR)				
DOCUI 1. Entity Name	MENT # P96000	00 29409	FILED					
HMERICAN / I DOREL 2000 INC.					FYISION OF CORPORATION			
Principal Place	e of Business 14596BEL MONT TH	Mailing Address	D.Bok	306	. 00	NOV-6 AM	1 10: 53	
	WELLINGTON FLA. 3:	3414 LOXA	0 HATCH IOA _3	1EE, 13470	ı			
2. Principal Place of Business  /\S9(e)\&E(\text{nout} \overline{\text{IRACE}}\)  Suite, Apt. #, etc.		3. Mailing Address P.O., BOX 306  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Gity & State	USTON FLA.	City & State  OXAHATCHEE, FLA.		FLA.	4. FEI Number 65-069-42	- \$8.75 Additional		
Zip 334	114 PalmBEACH	<sup>219</sup> 33470	Polm	BEACH	5. Certificate of Status Desired	Fee Rec		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name								
EDGAR, CHARLES W. III.				Street Address (P.O. Box Number is Not Acceptable)				
LEVINE, FRANCE EDGAR P.A. 3300 PGA BIVD. STE. 500 PAIMBEACH GARDENS FL. 334			110 Cii	ty		FL Zip	Code	
	named entity submits this statement fo			fice or registere	ed agent, or both, in the State of Flo	rida.		
SIGNATURE CHARLES EDGAR III . 10/19/2000 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20! Make Check Payab	DO Fee will	be \$550.00	22至2000年	n.	55.00_May_Be dded to Fees	
11.	OFFICERS AND	Delete	12.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	KATHY EVERETT 14596 BELMONT WELLINGTON FO	TRACE	NAME STREET ADD CITY-ST-ZI				ege	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		50003 -11/07 ****1	□ <sup>cha</sup> 4 <b>5466</b> /0001032 58.75 ***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			☐ Cha	ange Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			☐ Cha	nge Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver of trusteelemp or on an attachment with an andress	this filing does not qualify for true and accurate and that n wered to execute this report with all other like empowered.	the exemption ny signature s as required b	on stated in Sec shall have the s by Chapter 607,	ction 119.07(3)(i), Florida Statutes, ame legal effect as if made under of Florida Statutes; and that my name	further certify that eath; that I am an of appears in Block	the information fficer or director 11 or Block 12 if	
SIGNATURE: SIGNATURE AND EXPEDIENT NAME OF SIGNING OFFICER OR DIRECTOR Date Daylone Phone #								



nerican Model 2000, inc



14596 BELMONE TRACE ESTATES WELLINGTON, FLORIDA 33414 TELEPHONE: (561) 790-5894

To Whom This May Concern:

I Am Sending this letter the Second time to let you know that I have spoken WITH SEAN TOWER IN regard to Not recieving OUT DIVISION OF CORPORATIONS FORMS IN THE MAIL BEDUGGENT TO MISTY BELMONT TRACE ESTATES. That is why this is being sent with the letter giving permissionts send further documents to P.O. BOX 306 LOXAHATCHEE FLA.

WE ARE THANKING YOU FOR CHANGING THE MAILING ADDRESS . I have spoken with SEAN MY WE BOTH AGREE MATERIA to A P.O. BOX Will reassure DECENERY! WE WERE HANTING A Severe problem recieving our mail from you.