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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044636 (4)

1. Corporation Name
AMERICAN INTERNATIONAL PROPERTIES, INC.

Principal Place of Business
1241 ROSWELL DRIVE
PORT CHARLOTTE FL 33948

Mailing Address
1241 ROSWELL DRIVE
PORT CHARLOTTE FL 33948-2018



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1996	3a. Date of Last Report N/A
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0669497	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Clifford B. Simons
82 Street Address (P.O. Box Number is Not Acceptable)
1241 Roswell Drive
83
84 City Port Charlotte FL 85 Zip Code 33948

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 *Clifford B. Simons* Clifford B. Simons, VP/Sec. 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	President/Treas.
NAME	HORN, MYRTLE L	1.2 NAME	Donald A Kaplan
STREET ADDRESS	1241 ROSWELL DRIVE	1.3 STREET ADDRESS	12 Brook Lane
CITY - ST - ZIP	PORT CHARLOTTE FL 33948	1.4 CITY - ST - ZIP	Lakeland FL 33803
TITLE	STD	2.1 TITLE	V. President / Sec.
NAME	DISHER, LORI	2.2 NAME	Clifford B. Simons
STREET ADDRESS	1241 ROSWELL DRIVE	2.3 STREET ADDRESS	1241 Roswell Drive
CITY - ST - ZIP	PORT CHARLOTTE FL 33948	2.4 CITY - ST - ZIP	Port Charlotte FL 33948
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: *Clifford B. Simons* Clifford B. Simons, VP/Sec. 4/30/97 (941) 2553803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)