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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 16 1998 8:00am Secretary of State

|   | 1998   | DIVISION OF CO                      | ONFONATIONS                        | ) Scoretary   | or State   |
|---|--|-------------------------------------|------------------------------------|---|--|
| 1. Corporation                              |  | 0045993 (8)                         |                                    |   |  |
| AMERIO                                      | CAN REALTY SERVICES, IN                            | IC.                                 |                                    |   | EL BOLLO MARA JANAS JULI 1861                      |
| Principal Plac                              | e of Business                                      | Mailing Address                     |                                    | {   | IN NICH IRKO IRIDA KIN IRAL                        |
| 10572 86TH AVE NO                           |  | 10572 86TH AVE NO                   |                                    |   |  |
| SEMINOLE FL                                 | . 34642-3480                                       | SEMINOLE FL 34642-3480              |                                    | DO NOT WRITE IN THIS  | SPACE  |
|   |  |                                     |                                    | 3. Date Incorporated or Qualified   |  |
| Principal P                                 | lace of Busigerss                                  | 2a. Mailing Address                 |                                    | 05/23/1996<br>4. FEI Number   | Applied For  |
| 21 /0072 86 toe 10                          |  | 26 /0572                            | 869000                             | 59-3404996  | Not Applicable                                     |
| Suite, Apt.                                 | #, etc.  | Suite, Apl. #, etc.                 |                                    | 5. Certificate of Status Desired  | \$8.75 Additional                                  |
| City & State                                | e .  | Crix & State                        |                                    | 6. Election Campaign Financing  | Fee Required<br>\$5.00 May Be                      |
| 23 84                                       | merda F1   | 28 Semenel                          | [ [ ]                              | Trust Fund Contribution   | Added to Fees                                      |
| Zip   | Country 25 VINCIN                                  | 7ψ                                  | Country<br>30 Pr pelles            | 8. This corporation owes or has paid the cu   |  |
| 24 337                                      | 9. Name and Address of Currer                      | 1   29   3 3   7   )2               | 30 Proules                         | Personal Property Tax due June 30.  10. Name and Address of New Registered                            |  |
| GAFFNEY, PATRICK F 81 Name                  |  |                                     |                                    |   |  |
| 2348 SUNSET POINT RD<br>CLEARWATER FL 34625 |  |                                     | 82 Street Adde                     | ress (P.O. Box Number is Not Acceptable)  |  |
|   |  |                                     | 83                                 |   |  |
|   |  |                                     | 84 City                            |   | 85 Zip Code  |
|   |  |                                     |                                    | FL  | • []   |
| office or r                                 | egistered agent, or both, in the State             | of Florida, Such change was au      | uthorized by the corporat          | poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap- | of changing its registered pointment as registered |
| -   | m familiar with, and accept the oblig              | ations of, Section 607.0505, Flor   | ida Statutes.                      | - ,   | -  |
| SIGNATURE                                   | Signature, typed or protect name of requiremed agr |                                     | Registered Agent signature requir  | red when reinstating) DATE  |  |
| 12.   | OFFICERS AN  | D DIRECTORS  DELETE                 | 13.<br>1.1 TITLE                   | ADDITIONS/CHANGES TO OFFICERS AN  | D DIRECTORS IN 12  Change Addition                 |
| NAME  | KENNEDY, JOHN F                                    | L., DILLIL                          | 1.2 NAME                           |   | C Cusufe C Vocation                                |
| STREET ADDRESS                              | 10572 86TH AVE NO                                  |                                     | 1.3 STREET ADDRESS                 |   |  |
| CITY-ST-ZIP                                 | SEMINOLE FL  |                                     | 1.4 CITY-ST-ZIP                    |   |  |
| TITLE                                       | D<br>Kennedy, Sharon                               | ☐ DELETE                            | 2.1 TITLE                          |   | Change   Addition                                  |
| NAME<br>STREET ADDRESS                      | 10572 88TH AVE NO                                  |                                     | 2.2 NAME<br>2.3 STREET ADDRESS     |   |  |
| CITY-ST-ZIP                                 | SEMINOLE FL  |                                     | 2. 4 CITY-ST-ZIP                   |   |  |
| TITLE                                       |  | DELETE                              | 3 1 TITLE                          | · <del></del>   | Change Addition                                    |
| NAME<br>STREET ADDRESS                      |  |                                     | 3 2 NAME<br>3 3 STREET ADDRESS     |   | l  |
| CITY-SI-ZIP                                 |  |                                     | 3.4. CITY-ST-ZIP                   |   |  |
| TITLE                                       |  | ☐ DELETE                            | 4.1 TITLE                          |   | ☐ Change ☐ Addition                                |
| NAME  |  |                                     | 4, 2 NAME                          |   | Ì  |
| STREET ADDRESS<br>CITY-ST-ZIP               |  |                                     | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |   |  |
| TITLE                                       |  | DELETE                              | 5.1 TITLE                          |   | Change Addition                                    |
| NAME  |  |                                     | 5.2 NAME                           |   | ļ  |
| STREET ADDRESS                              |  |                                     | 5.3 STREET ADDRESS                 |   |  |
| CITY-ST-ZIP<br>TITLE                        |  | ☐ DELETE                            | 5.4 CITY-ST-ZIP<br>61 TITLE        |   | Change Addition                                    |
| NAME  |  | <del></del> -                       | 62 NAME                            |   |  |
| STREET ADDRESS                              |  | ·••.                                | 6.3 STREET ADDRESS                 | ,   | İ  |
| City-S1-ZiP                                 | ertify that the information supplied w             | ith this bling does not qualify for | 6 4 City-St-ZIP                    | Section 119.07(3)(i), Florida Statutes. I further of  | ertify that the information                        |

indicated on this annual report or supplicemental 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 convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if challed, or on an attachment with an address

SIGNATURE: