

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90055 002 ***150.00

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DOCUMENT # **P96000062599**

1. Corporation Name

AMERICAN GRANT & LOAN CONSULTANTS INC.

Principal Place of Business

21218 ST. ANDREWS BLVD.
SUITE 302
BOCA RATON FL 33432

Mailing Address

21218 ST. ANDREWS BLVD.
SUITE 302
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

65-0687568

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 230 S Military Trail

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Deerfield Beach, FL

Zip Country

24 33442 25 USA

City & State

27

Zip Country

28 30

9. Name and Address of Current Registered Agent

**COOPER, SHIRLEY
117 OAKRIDGE I
DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent

81 Name William Gerstein

**82 Street Address (P.O. Box Number is Not Acceptable)
1300 N Federal Hwy**

83 Suite 203

84 City Boca Raton FL

85 Zip Code 33432

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

William Gerstein, Esq

(NOTE: Registered Agent signature required when reinstating)

02/10/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☒ DELETE
NAME **COOPER, SHIRLEY**
STREET ADDRESS **117 OAKRIDGE I**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Barbara Snider**
1.3 STREET ADDRESS **230 S Military Trail**
1.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

2.1 TITLE **DST** ☐ Change ☒ Addition
2.2 NAME **Gary Snider**
2.3 STREET ADDRESS **230 S Military Trail**
2.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

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 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, with all other like empowered.

SIGNATURE:

Barbara Snider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

2/10/1999 (954) 421-026

Date

Daytime Phone #

CR2E034 (11/98)