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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015586 (5)

FILED Jan 30 1998 8:00am Secretary of State

AMERICUS INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 11457 SAN JOSE BLVD #165 JACKSONVILLE FL 32223 ACKSONVILLE FL 32223													
					-			-	DO NOT WRITE	IN THIS S	PACE		
•									3. Date Incorporated or Qualified 02/14/1997				
2. Principal Place of Business				28. Mailing Address					4. FEI Number		A	pplied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				-	59-343-2758			lot Applicable	
22				27					5. Certificate of Status Desired			Additional leguired	
City & State				City & State					6. Election Campaign Financing) May Be	
23			28			<u>-</u>			Trust Fund Contribution			to Fees	
Zip	Country			Zip Cou						owes or has paid the current year Intangible			
24	25 9. Name and Address of Current			29 30 Begistered Agent					Personal Property Tax due June 10. Name and Address of New Re			No	
MU	IRRILL, MITZ	" 				81	Name		IV. HAMID GING ANGIOSS OF HAW NO	Aierolon b	Aour		
11457 SAN JOSE BLVD., #185						20	'		/DO Do N				
JACKSONVILLE FL 32223						82	Street	Address	(P.O. Box Number is Not Acceptab	·le)			
											4		
						84	City				85 Zip	Code	
44 Purpugat to	o the provision	no of Castiona 007 0500) = n d O	07.1500 51	- 41-	\coprod				FĻ			
office or re	gistered age	nis or sections 607.0502 pl. or both, in the State of	of Florid	da. Such change was a	es, the a authorize	above ed by	-named the con	corpora poration	ition submits this statement for the p s board of directors. I hereby accep	urpose of It the appo	changing i sintment as	its registered registered	
	PHEMILIER WIT	i, and acceptable obliga	tions of	r, Section 607.0505, Fix	orida Sta	atutes	l.				1.1	60	
SIGNATURE	Signature, typed or	printed name of registered agen	l and title	if applicable (NOTI	E Register	ed Ager	ni signalure	e required w	non reinstating)	DATE	7//	78	
12.		OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	D	A40000 A4		☐ DELETE	1.1 7	ITLE					Change	☐ Addition	
NAME MURRILL, MITZIE M STREET ADDRESS 11457 SAN JOSE BLVD., #16				1.2 NAME				1					
STREET ADORESS		W 303E BLVD., #16 WILLE FL 32223	9		1.3 9	TREE1	ADDRESS	1					
CITY-ST-ZIP TITLE	D	TYILLE I'L DEEED		DELETE	_	HIY-SI	I-ZIP	-		-	Ohana	1 1 1 1 1 1 1 1 1	
NAME	HOLMES, EDWARD H			[] Office	DELETE						Change	Addition	
STREET ADDRESS		N JOSE BLVD. #611	1				address						
CITY-ST-ZIP		VVILLE FL 32223			1	CITY-S							
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	3.1 T	• • •				· 1	Change	Addition	
NAME					3.2 N	AME					-		
STREET ADDRESS					3.3 S	TREET	ADDRESS						
CITY-ST-ZIP					3.4. (CITY-SI	T - ZIP	<u> </u>					
TITLE				☐ DELETE	4.1 T					[Change	☐ Addition	
NAME .						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE		ITY-ST	-ZIP	 		7	Change	Addition	
NAME					5.1 Ti					·	Change	Addition	
STREET ADDRESS					4		ADDRESS		,				
CITY-ST-ZIP					. III	ITY-ST							
TITLE				DELETE	6.1 TI		-"				Change	☐ Addition	
NAME					6.2 N	AME	ĺ				·	_	
STREET ADDRESS					6.3 \$	TREET A	ADDRESS					İ	
CITY-ST-ZIP						ITY-ST							
14. I hereby ce	rtify that the i	nformation supplied with	n this fil	ling does not qualify to	r the exi	emoti	on state	nd in Sec	tion 119.07(3)(i), Florida Statutes, I f	urther cert	ify that the	information	

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.