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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000016701 (9)

1. Corporation Name

AMERICAN FINANCIAL INVESTMENTS, INC.



Principal Place of Business

Mailing Address

343 ALMERIA AVENUE
CORAL GABLES FL 33134

1113 MANOR DRIVE
MASON CITY IA 50401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

2. Principal Place of Business

21 8651 Highway 78 West
Suite, Apt. #, etc.

2a. Mailing Address

26 8651 Hwy. 78 West
Suite, Apt. #, etc.

4. FEI Number

58-2313520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

E. R. Jacobs

82 Street Address (P.O. Box Number is Not Acceptable)

8651 Hwy. 78 West #7

83

84 City

Okeechobee

FL

85 Zip Code

34974

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 E. R. Jacobs, President

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-2-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JACOBS, DEAN W
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSTD ☐ DELETE

NAME JACOBS, E. R.
STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Vice President ☒ Change ☐ Addition

1.2 NAME Dean W. Jacobs
1.3 STREET ADDRESS 1113 Manor Drive
1.4 CITY-ST-ZIP Mason City, Iowa 50401

2.1 TITLE President/Director ☒ Change ☐ Addition

2.2 NAME E. R. Jacobs
2.3 STREET ADDRESS 8651 Hwy. 78 West
2.4 CITY-ST-ZIP Okeechobee, FL 34974

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.

CR2E034 (10/97)