

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

FILED

Jun 19 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 #

1. Corporation Name

997000041418
AMERICAN CORPORATE CONSULTANTS

Principal Place of Business

Mailing Address

5320 HAYDEN BLVD
SARASOTA FL 34232

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL DOCTOR
5320 HAYDEN BLVD
SARASOTA FL 34232

81 Name

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

83

84 City

FL

85

Zip Code

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

Michael Doctor

MICHAEL DOCTOR

4/21/98

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: MICHAEL DOCTOR
STREET ADDRESS: 5320 HAYDEN BLVD
CITY-STATE-ZIP: SARASOTA FL 34232

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
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TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: PRESIDENT
12 NAME: MICHAEL DOCTOR
13 STREET ADDRESS: 5320 HAYDEN BLVD
14 CITY-STATE-ZIP: SARASOTA FL 34232

21 TITLE: ☐ Change ☐ Addition
22 NAME: ☐ Change ☐ Addition
23 STREET ADDRESS: ☐ Change ☐ Addition
24 CITY-STATE-ZIP: ☐ Change ☐ Addition

31 TITLE: ☐ Change ☐ Addition
32 NAME: ☐ Change ☐ Addition
33 STREET ADDRESS: ☐ Change ☐ Addition
34 CITY-STATE-ZIP: ☐ Change ☐ Addition

41 TITLE: ☐ Change ☐ Addition
42 NAME: ☐ Change ☐ Addition
43 STREET ADDRESS: ☐ Change ☐ Addition
44 CITY-STATE-ZIP: ☐ Change ☐ Addition

51 TITLE: ☐ Change ☐ Addition
52 NAME: ☐ Change ☐ Addition
53 STREET ADDRESS: ☐ Change ☐ Addition
54 CITY-STATE-ZIP: ☐ Change ☐ Addition

61 TITLE: ☐ Change ☐ Addition
62 NAME: ☐ Change ☐ Addition
63 STREET ADDRESS: ☐ Change ☐ Addition
64 CITY-STATE-ZIP: ☐ Change ☐ Addition

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 have been or am duly 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:

MICHAEL DOCTOR

Michael Doctor

4/21/98

941 349 3952

CR2E034 (10/97)