## 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** 

## DOCUMENT # P97000041418

1. Corporation Name

AMERICAN CORPORATE CONSULTANTS, INC.

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 010 \*\*\*150.00



					─ <b>│                                    </b>		9B) ({\$60 }\$\)
Principal Place	of Business	Mailing Address			-		
5320 HAYDEN BLVD. 5320 HAYDEN BLVD. SARASOTA FL 34232 SARASOTA FL 34232				"			
SARASUIA FL	34232	SANASOTA PL STEDE			DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 05/06/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
26		26			NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Addition		
22 27 27							Required
City & State City & State					6. Election Campaign Financing		May Be
23		28	0		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	1	<ol> <li>This corporation owes the current year I Personal Property Tax.</li> </ol>	ntangible ☐ Yes	□No
24	9. Name and Address of Currer	29 30	<u>                                     </u>		10. Name and Address of New Registere		
	5. Name and Address of Curren	it Kegisteren Agent	81	Name	10, 10110 1112 1112	<u></u>	
DOC	TOR, MICHAEL Z		82				
5320 HAYDEN BLVD.				Street Addr	at Address (P.O. Box Number is Not Acceptable)		
Sarasota FL 34232			83				
			84	City		. 85 Zi	ip Code
			Ì	1	oration submits this statement for the purpose	LII	·
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florid	onzed by a Statutes	the corporation.	on's board of directors. Thereby accept the app	ontment as	registered
	Signature, typed or printed name of registered age		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
12.	P OFFICERS AIT	ID DIRECTORS	1.1 TITLE		ADDITIONS/OFFANOED TO OFF TOERS	Chang	
TITLE	DOCTOR, MICHAEL	- Deterie	1.2 NAME				, _
NAME.	5320 HAYDEN BLVD.			TADORESS			
STREET ADDRESS	SARASOTA FL 34232		1.4 CITY-S	1			
CITY-ST-ZIP TITLE	SAILAGOTA LE GAZGE	☐ DELETE	2.1 TITLE	11-21		Chang	ge 🔲 Addition
NAME			2.2 NAME	Ī			
STREET ADDRESS				T ADDRESS			
		ي خانساند د	2. 4 GITY-1		Superior Control of the Control of t		
CITY-ST-ZIP TITLE		☐ DELETÉ	3.1 TITLE			☐ Chang	ge Addition
NAME		_	3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-S				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	ge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	·		5.4 CITY- S	IT-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS	3 7 5 53 th		6.3 STREE	T ADDRESS			
761	P.54 3		64 CITY S	T 710			

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 attachapt with an address, with all other like empowered.

SIGNATURE: