

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

**FILED**  
**Apr 09 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 # **P97000071850**  
 1. Corporation Name  
**AMERICAN LCR INC.**

Principal Place of Business Mailing Address  
**2281 SE. BOWIE ST.**  
**PORT ST. LUCIA FL.**  
**34962**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**AUGUST 19 1997**

4. FEI Number Applied For  
**65-0779991** 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  
**RALPH ANGAROLA**  
**2206 SE. WALTON LKS DR.**  
**PORT ST LUCIA FL 34952**

10. Name and Address of New Registered Agent

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 **Ralph V. Angarola** Vice - Pres. - Sec. **4-6-98**  
Signature typed or printed name of registered agent (if not applicable) (If the Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT - TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>LORI ANGAROLA</b>
STREET ADDRESS	<b>2281 SE. BOWIE ST.</b>
CITY-ST-ZIP	<b>PORT ST LUCIA FL, 34962</b>
TITLE	<b>VICE-PRES - SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>RALPH ANGAROLA</b>
STREET ADDRESS	<b>2206 SE WALTON LKS DR.</b>
CITY-ST-ZIP	<b>PORT ST LUCIA FL, 34952</b>
TITLE	<b>EXEC-VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERT D. SLAFF</b>
STREET ADDRESS	<b>2847 TOWN ST</b>
CITY-ST-ZIP	<b>OCEANBlIDE CA, 92054</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>CENG ANGAROLA</b>
STREET ADDRESS	<b>2281 SE BOWIE ST</b>
CITY-ST-ZIP	<b>PORT ST LUCIA FL, 34952</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>MANLY KJORLIEN</b>
STREET ADDRESS	<b>2847 TOWN ST.</b>
CITY-ST-ZIP	<b>OCEANBlIDE CA, 92054</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>100002484554</b>
53 STREET ADDRESS	<b>-04/10/98--01005--018</b>
54 CITY-ST-ZIP	<b>***150.00</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(c), Florida Statutes. I further certify if all 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 this 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.

SIGNATURE: **RALPH ANGAROLA** **Ralph V. Angarola** Vice Pres, Sec **4-6-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

PE 4.9