

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90009 035 ***158.75

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1. Corporation Name

AMERICAN L.C.R., INC.

Principal Place of Business

2281 SE BOWIE ST.
PORT ST. LUCIE FL 34952

Mailing Address

2281 SE BOWIE ST.
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

65-0779991

☒ 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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ANGAROLA, RALPH
2206 SE WALTON LKS DR.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

ANGAROLA, CRAIG

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

2281 SE BOWIE ST

83

84 City

PORT SAINT LUCIE FL

85 Zip Code

34952

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 CRAIG ANGAROLA

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

(NOTE: Registered Agent signature required when reinstating)

1/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE
NAME ANGAROLA, LORI
STREET ADDRESS 2281 SE BOWIE ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE VS ☐ DELETE
NAME ANGAROLA, RALPH
STREET ADDRESS 2206 SE WALTON LKS DR
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE EVP ☐ DELETE
NAME SLAFF, ROBERT
STREET ADDRESS 2847 TODD ST
CITY-ST-ZIP OCEANSIDE CA 92054

TITLE D ☒ DELETE
NAME ANGAROLA, CRAIG
STREET ADDRESS 2281 SE BOWIE ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ DELETE
NAME KJORLIEN, NANCY
STREET ADDRESS 2847 TODD ST
CITY-ST-ZIP OCEANSIDE CA 92054

TITLE D ☐ DELETE
NAME R
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ANGAROLA, LORI
1.3 STREET ADDRESS 2281 SE BOWIE ST.
1.4 CITY-ST-ZIP PORT SAINT LUCIE, FL. 34952

2.1 TITLE ANGAROLA, RALPH ☒ Change ☐ Addition
2.2 NAME 1721 BALMORAL CT
2.3 STREET ADDRESS PORT ST LUCIE FL 34952
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PT ☒ Change ☐ Addition
4.2 NAME ANGAROLA, CRAIG
4.3 STREET ADDRESS 2281 SE BOWIE ST.
4.4 CITY-ST-ZIP PORT SAINT LUCIE, FL. 34952

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME RALPH J. ANGAROLA JR.
6.3 STREET ADDRESS 2281 SE BOWIE ST.
6.4 CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

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, with all other like empowered.

SIGNATURE:

CRAIG ANGAROLA

1/12/99 (561) 337-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0512410

CR2E034 (1/198)