

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

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

03-03-1999 90009 035 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000071850**

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

2. Principal Office Business  
 21 ~~10045~~ **10243 LENNARD RD**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **PORT ST. LUCIE, FL.**  
 Zip Country  
 24 **34952** 25 **ST. LUCIE** 29

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 30

3. Date Incorporated or Qualified  
**08/19/1997**  
 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 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]* **1/12/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	PT	
NAME	ANGAROLA, LORI	
STREET ADDRESS	2281 SE BOWIE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ANGAROLA, RALPH	
STREET ADDRESS	2206 SE WALTON LKS DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SLAFF, ROBERT	
STREET ADDRESS	2847 TODD ST	
CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGAROLA, CRAIG	
STREET ADDRESS	2281 SE BOWIE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KJORLIEN, NANCY	
STREET ADDRESS	2847 TODD ST	
CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<del>R</del>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<del>PT</del>		
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		
2.2 NAME	1721 BALMORAL CT		
2.3 STREET ADDRESS	PORT ST LUCIE FL 34952		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition.
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	PT		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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)(l), 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: *[Signature]* **CRAIG ANGAROLA** **1/12/99** **(561) 337-2355**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)