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FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90121 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000024733

1. Corporation Name

AMERICAN ALLIANCE SERVICE CENTER, INC.

Principal Place of Business  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623

Mailing Address  
2536 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 33763 25 Country

29 Zip 33763 30 Country

9. Name and Address of Current Registered Agent

DOUDNA, HEATHER L  
2536 COUNTRYSIDE BLVD.  
6TH FLOOR  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name R. MAURY THORNTON  
82 Street Address (P.O. Box Number is Not Acceptable)  
2536 Countryside Blvd  
83 6th Floor  
84 City Clearwater FL 85 Zip Code 33763

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

R. MAURY THORNTON  
(NOTE: Registered Agent signature required when reinstating)

4/23/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME YORK, CHRISTOPHER  
STREET ADDRESS 2536 COUNTRYSIDE BLVD.  
CITY-ST-ZIP CLEARWATER FL 34623

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME YORK, CHRISTOPHER  
1.3 STREET ADDRESS 2536 Countryside Blvd., Sixth Floor  
1.4 CITY-ST-ZIP Clearwater, FL 33763

2.1 TITLE S/T ☐ Change ☒ Addition  
2.2 NAME THORNTON, R. MAURY  
2.3 STREET ADDRESS 2536 Countryside Blvd., Sixth Floor  
2.4 CITY-ST-ZIP Clearwater, FL 33673

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)