

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90094 002 ***150.00

DOCUMENT # P98000025465

1. Corporation Name

THE AMERICAN-INDO GROUP CORPORATION



Principal Place of Business

663 DENISE DR.
MELBOURNE FL 32935

Mailing Address

663 DENISE DR.
MELBOURNE FL 32935

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

21 745-A NORTH DR
Suite, Apt. #, etc.

22 City & State

23 MELBOURNE, FL
Zip Country

24 32934 25 USA

2a. Mailing Address

26 745-A NORTH DR
Suite, Apt. #, etc.

27 City & State

28 MELBOURNE, FL
Zip Country

29 32934 30 USA

9. Name and Address of Current Registered Agent

STROME, JOHN
663 DENISE DR.
MELBOURNE FL 32935

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STROME, JOHN
STREET ADDRESS 663 DENISE DR.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☒ DELETE
NAME SURYOPRANATO, HARDJONO
STREET ADDRESS 270 NEMO CIRCLE NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☒ DELETE
NAME KOLBUS, CLIFFORD J
STREET ADDRESS 24698 MADISON CT.
CITY-ST-ZIP FARMINGTON HILLS MI 48335

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 D ☐ Change ☒ Addition
1.2 NAME UANSICKLE, MIKE
1.3 STREET ADDRESS 1093 JUNE DR.
1.4 CITY-ST-ZIP MELBOURNE, FL. 32935

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JOHN, SAMAYAM
2.3 STREET ADDRESS 663 DENISE DR.
2.4 CITY-ST-ZIP MELBOURNE, FL. 32935

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GILLIAN, HAL
3.3 STREET ADDRESS 1453 KASLO CIRCLE N.W.
3.4 CITY-ST-ZIP PALM BAY, FL. 32907

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 11; 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

4/26/99

Daytime Phone #

407
242-1433

CR2E034 (11/98)