

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093080

FILED  
May 11, 2004  
Secretary of State

Entity Name: AMERINED MANAGEMENT CORPORATION

**Current Principal Place of Business:**

215 N. EOLA DR.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

215 N. EOLA DR.  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-3542323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOCTOR, JAMES J  
215 N. EOLA DR.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MUELLER, SANDRA J MS.  
Address: 99 GEORGE KING BOULEVARD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V ( ) Delete  
Name: ROMEIN, ROBERT MR.  
Address: 99 GEORGE KING BOULEVARD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V ( ) Delete  
Name: VERVAT, NICO MR.  
Address: 99 GEORGE KING BOULEVARD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete  
Name: VERVAT, FLORIS  
Address: 99 GEORGE KING BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA J. MUELLER

PRES

05/11/2004

Electronic Signature of Signing Officer or Director

Date