

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 AUG 29 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **S19397** (6)
1. Corporation Name
AMERICAN CISTERN, INC.

Principal Place of Business 1847 ENGLEWOOD ROAD SUITE 177 ENGLEWOOD FL 34223	Mailing Address 1847 ENGLEWOOD ROAD SUITE 177 ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1990	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0248334	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, ANTHONY A.
1847 ENGLEWOOD RD, #177
ENGLEWOOD FL 34224**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, ANTHONY A.	1.2 NAME	
STREET ADDRESS	1847 ENGLEWOOD RD. #177	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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******165.00 ****165.00**

Handwritten signature

14. I do 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.

SIGNATURE: *Anthony A. Fleming* 8/26/97 9/1/97 3:00

CR2E034 (4/97)

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American Cisterns, Inc.
1847 Englewood Road, Suite 177
Englewood, Florida 34223

August 26, 1997

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On April 28, 1997, our only son was put in the hospital with an undiagnosed problem which he almost died from that day. My husband, Anthony Fleming, and I have spent the last 4 months taking care of him and helping to pay for his care. After open heart surgery to remove fluid from around his heart, he was diagnosed with cancer of almost every part of his body. He underwent radiation therapy and chemotherapy, but these treatments did not ultimately help him. He passed away on August 7, 1997.

Due to this situation, my husband and I have been out of touch with our offices, and, unfortunately, many things were not handled as they should have been. Due to our payment of my son's expenses, our cash is also depleted. Therefore, I would hope that the State would have mercy on us and allow us to pay the regular filing fee without any penalty.

I am enclosing my check in the amount of \$165.00 in the hope that you will allow me to file in this manner.

Sincerely,

Michele d'Amour

Michele d'Amour,
Office Manager

Enclosure