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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S25748 1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90013 003 ***150.00

AMERICA	an rigging, inc.				·			
Principal Place	e of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •	
5007 S WESTSHORE BLVD TAMPA FL 33611 5007 S WESTSHORE BLVD TAMPA FL 33611						DO NOT WRITE IN THI	S SPACE	
•						3. Date Incorporated or Qualifed		
						01/15/1991		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	idos di Bacilloca	26	•		•	59-3044516		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22	•	27				5. Certifcate of Status Desired	Fee	Required
City & Stat		City & State				6. Election Campaign Financing	\$5. (00 маў ве
23 28						Trust Fund Contribution	Add	ed to Fees
Zip				Country		8. This corporation owes the current year Ir		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	IL, LEIGHTON F		82		Street Add	Iress (P.O. Box Number is Not Acceptable)		
	7 S WESTSHORE BLVD					,		
TAM	IPA FL 33611			83				į.
				84	City	· · · · · · · · · · · · · · · · · · ·	85 Z	ip Code
				04	City	FI	_)
office or r agent. I a	to the provisions of Sections 607.050, registered agent, or both, in the State arm familiar with, and accept the obligations.	of Florida. Such change was au	thonzed	ı by t	-named corp he corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing intment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered	Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	TLE			Chan	ge Addition
NAME	KOHL, LEE			ME.				
STREET ADDRESS 4800 S WESTSHORE BLVD, #514			1.3 ST	REET	ADDRESS			,
CITY-ST-ZIP	TAMPA FL		1,4 CF	TY-\$T-	ZIP	·		
TITLE	VSTD	☐ DELETE	2.1 TIT	TLE				ge Addition
NAME	HAUSER, CINDY K.		2.2 NA	ME			Chan	
STREET ADDRESS	ACCO O MECTOLIOPE DI MO MEAA						∐ Chan	ĺ
CITY-ST-ZIP	TAMPA FL	514	2.3 ST	REET	ADDRESS		∐ Chan	
TITLE		514		REET A	e e		∐ Chan	
NAME		514		ITY-ST	e e		☐ Chan	ge Addition
			2. 4 CI	ITY-ST RÉ	e e	- A		je Addition
STREET ADDRESS			2. 4 CI 3.1 TTI 3.2 N	ity-st ilė ame	e e			ge Addition
	.≱.u. 1		2.4 CI 3.1 TTI 3.2 NA 3.3 ST	ity-st ilė ame	ADDRESS		☐ Chan	
CITY-ST-ZIP TITLE			2.4 CI 3.1 TTI 3.2 NA 3.3 ST	ITY-ST TLE AME TREET /	ADDRESS			
CITY-ST-ZIP	,	☐ DELETE	2. 4 CI 3.1 TR 3.2 NA 3.3 ST 3.4. CI	ITY-ST TLE AME TREET / ITY-ST TLE	ADDRESS		☐ Chan	
CITY-ST-ZIP	,	☐ DELETE	2. 4 Cl 3.1 Tfl 3.2 NA 3.3 ST 3.4. Cl 4.1 Tfl 4. 2 N	ITY-ST TLE AME TREET / ITY-ST TLE AME	ADDRESS		☐ Chan	
CITY-ST-ZIP TITLE NAME	,	☐ DELETE	2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4, CI 4.1 TH 4.2 No 4.3 ST	ITY-ST TLE AME TREET / ITY-ST TLE AME	-ZIP ADDRESS -ZIP		☐ Chan	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	,	☐ DELETE	2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4, CI 4.1 TH 4.2 No 4.3 ST	ITY-ST	-ZIP ADDRESS -ZIP		☐ Chan	ge \ \ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ DELETE	2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NA 4.3 ST 4.4 CI	ITY-ST TLE TREET / TLE AME TREET / TLE TREET / TLE TREET / TLE TREET /	-ZIP ADDRESS -ZIP		☐ Chan	ge \ \ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CI 3.1 TR 3.2 NA 3.3 ST 3.4. CI 4.1 TR 4.2 NA 4.3 ST 4.4 CF 5.1 TR 5.2 NA	ITY-ST TLE AME ITY-ST TLE AME TY-ST- TLE AME	-ZIP ADDRESS -ZIP		☐ Chan	ge \ \ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4. CI 4.1 TH 4.2 NA 4.3 ST 4.4 CI 5.1 TH 5.2 NA 5.3 ST	ITY-ST TLE AME ITY-ST TLE AME TY-ST- TLE AME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		☐ Chan	ge \ \ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4. 2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	ITY-ST TLE TREET / TILE AME TREET / TY-ST- TLE TREET / TY-ST- TLE TY-ST- TLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		☐ Chan	ge ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA 6.3 ST	ITY-ST TLE TREET / TILE AME TREET / TY-ST- TLE TREET / TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Chan	ge ☐ Addition

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: