

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62939 (1)
1. Corporation Name
AMERICAN PLUS MANAGEMENT, INC.

Principal Place of Business Mailing Address
1315 56TH AVE. DR. E. 1315 56TH AVE. DR. E.
BRADENTON FL 34203 BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/27/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0514023** Applied For
~~NOT APPLICABLE~~ 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
7. This corporation has liability for a corporate tax under S. 139.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**CONDRACK, JAMES C.
5810 DORAL DR.
SARASOTA FL 34243**

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 _____ DATE _____
(Signature: Typed or printed name of registered agent and title, if applicable) (Date: Registered Agent signature required when translates)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONDRACK, JAMES C.
STREET ADDRESS	5810 DORAL DR.
CITY, ST, ZIP	SARASOTA FL
TITLE	VT
NAME	 CRAVENS, ROBERT D.
STREET ADDRESS	1315 56TH AVE. DR. E.
CITY, ST, ZIP	BRADENTON FL 34203
TITLE	M
NAME	RUDD, JUDITH E.,
STREET ADDRESS	RTE. 1, BOX 8758 WACHULA RD.
CITY, ST, ZIP	MYAKKA CITY FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	M
33 STREET ADDRESS	Vuxta, Chronise
34 CITY, ST, ZIP	2713 5th St. E.
35 CITY, ST, ZIP	Bradenton, FL 34203
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Robert D. Cravens Robert D. Cravens 4-29-95 813-751-6171
(Typed Name)