## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S75079 (1)

**FILED** 

Apr 24 1998 8:00am

Secretary of State

THE A	MERICAN SCENES INC.								
Principal Place	e of Business	Mailing Address				1 1001/10/10 10/10/10 10/10/10 10/10/10/10/10/10/10/10/10/10/10/10/10/1	IEIC IEII OIII OIO	II <b>440</b> 11 01031 010	IN AIAII IA£L
1804 SAGO PALM ST P.O. BOX 061297 POST OFFICE BOX 061297 PALM BAY FL 32906-1297 PALM BAY FL 32905 US US		97			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
2. Principal P	lace of Business	2a, Mailing Address		······•	····	08/21/1991 4. FEI Number		T Ac	plied For
21 2281	HARRIS AVE N.E.					58-3064525		<del> </del>	t Applicable
Suite, Apt	#, etc # 8	Suite, Apt. #, etc.				5, Certificate of Status Desired		\$8.75 / Fee Re	
City & State 23 PACI	مــــ و	City & State	-,	·		Election Campaign Financia     Trust Fund Contribution	ng	\$5.00 Added	
Zιρ	Country	Zip	Cou	untry	,	8. This corporation owes or ha	s paid the cu	rent year Int	angible
24 32 90	25 45	29	30			Personal Property Tax due			] No
	g, Name and Address of Current	Registered Agent				10. Name and Address of New	w Registered	Agent	
HA	IRVELL, MICHAEL			81	Name				
	05 Brandywine LN Elbourne FL 32904			82	Street Ad	ddress (P.O. Box Number is Not Acce	eptable)		
****				83					
			84	City		FL 85 Zip Code			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida Such change was	authorize	id bi	/ the corpo	orporation submits this statement for ration's board of directors. I hereby a	the purpose o accept the app	f changing it pointment as	s registered registered
	Signature, typed or profed name of registered agent			id Age	ent signature rei	quired when reinstating)	DATE	DIDECTOR	
12.	OFFICERS AND	DIRECTORS	13.	(7) 5		ADDITIONS/CHANGES TO C	OFFICERS AND	Change	Addition
TITLE	HARVELL MICHAEL W.	☐ DELETE	1.1 T					☐ Change	E ROUMON !
NAME	3105 BRANDYWINE LN				ADDOCCO				[8
STREET ADDRESS CITY-ST-ZIP	MELBOURNE FL				ADORESS IT-ZIP				ļ
TITLE	VP	DELETE	2.1 T	_	01 - ZHF			Change	Addition
NAME	LECATES, BETTY L.	_	2.2 N						
STREET ADDRESS	1804 SAGO PALM ST NE		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	PLAM BAY FL		2.40	CłTY - :	ST-ZIP	•	· ' :		
TITLE		☐ DELETE	3.1 T	ITLE				Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TITLE	-	DELETE	4.1 T	ITLE				☐ Change	☐ Addition
NAME			4.21		ļ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Lanter	_	_	ST - ZIP			Change	Addition
TITLE		☐ DELETE	5.1 7	ITLE				Unange	☐ Woulde

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.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

407.724-6671

Change

Addition