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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # V01360



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90004 018 \*\*\*150.00

AMERICA	AN FINANCIAL CONSULTA	NTS INC.							
Principal Place	of Business	Mailing Address						JII	
7021 CONSTITUTION BLVD 7021 CONSTITUTION BLVD									
UNIT 5 UNIT 5						DO NOT WRITE IN	TUIC	CDACE	
FT MYERS FL 33912 FT MYERS FL 33912						3. Date Incorporated or Qualified	i inio	<u> </u>	
US US									
						12/18/1991 4: FEI Number		· Δnr	olied For
Principal Place of Business 2a. Mailing Address						65-0301172			Applicable
26			<u></u>			03-0301172		\$8.75 A	
						5. Certifcate of Status Desired		Fee Rec	
22						6. Election Campaign Financing		\$5.00	——
<b>_</b>	<del>5</del>	28	7			Trust Fund Contribution		Added to	
23   Zip	Country		Zip Country			8. This corporation owes the current y	ear Inta		
			30			Personal Property Tax.	our mic		<b>∑</b> No
24	9. Name and Address of Curre		301			10. Name and Address of New Regis	tered A		<i></i>
	J. Tegino providence		8	1	Name				
Doupe, Sandra A. 7021 Constitution BLVD				_	<del> </del>	(D.O. D. )			
				2	Street Addres	dress (P.O. Box Number is Not Acceptable)			
UNIT 5			8:	3					
FT MYERS FL 33912			L	┸					
<del>-                                    </del>			8	4	City		FL	85 Zip C	ode
SIGNATURE	m familiar with, and accept the oblig				signature required v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ATE		
12.	OFFICER9 A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AN		
TITLE	PS	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME DOUPE, SANDRA A.				1.2 NAME					·
STREET ADDRESS	1 1 2 2 2 2 3			1.3 STREET ADDRESS					
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CITY-		ZIP			Change	Addition
TITLE	DELETE							☐ Change	☐ Addition
NAME				•			-		
STREET ADDRESS	ET ADDRESS			EΤΑ	DDRESS				
CITY-ST-ZIP				-ST-	ZiP			Chanca	Addition
TITLE	☐ DELETE 3:							☐ Change	☐ Addision
NAME	3.			Ē					
STREET ADDRESS	ET ADDRESS 3.			ETA	DDRESS				
CITY-ST-ZIP			3.4. CITY		ZiP		····	Change	Addition
TITLE	•	DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAM						,
STREET ADDRESS	•		4.3 STRE		!				
CITY-ST-ZIP	· · ·	53 perent	4.4 CITY-		ZIP			Change	Addition
TITLE		☐ DELET£	5.1 TITLE 5.2 NAME			,	,		
NAME			5.2 TAME		DODRESS	· 医多维斯曼海绵原因 医斯特洛氏溶血性尿道检验	13.7	Salante and the	S. S. S. S. R.
STREET ADDRESS			1						9)
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE		LIF			Change	Addition
TITLE		☐ nere is	6.2 NAME						
NAME			6.3 STRE		INDRESS				
STALL ASSAULTS									ĺ
CITY-ST-ZIP			6.4 CITY	-01-4	CIT.				

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 chapted, or on an attachment with an address, with all other like empowered.

941-267-3633 Daylime Phone #