

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90122 025 ***150.00

DOCUMENT # V07875

1. Corporation Name
AMERICAN INDUSTRIES, INC.



Principal Place of Business
**2600 NORTH 20TH AVENUE
HOLLYWOOD FL 33020**

Mailing Address
**2600 NORTH 20TH AVENUE
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number
65-0312831

Applied For
☐ 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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1 Las Olas Circle**

26 **1 Las Olas Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Penthouse 4**

27 **Penthouse 4**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33316**

25

29 **33316**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, ANTHONY T.
3800 NORTH 25TH AVENUE
HOLLYWOOD FL 33020**

81 Name
Andrews, Anthony T.

82 Street Address (P.O. Box Number is Not Acceptable)
1 Las Olas Circle

83 **Penthouse 4**

84 City
Ft. Lauderdale

85 Zip Code
FL 33316

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

Anthony T. Andrews, President

4/27/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **ANDREWS, ANTHONY T**
STREET ADDRESS **1 LAS OLAS CIRCLE PH-4**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☒ Change ☐ Addition

NAME **ANDREWS, JACQUELINE**

STREET ADDRESS **ONE LAS OLAS CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.2 NAME

1.3 STREET ADDRESS **Ft. Lauderdale, FL 33316**

TITLE ☐ DELETE

NAME **ANDREWS, JACQUELINE**
STREET ADDRESS **ONE LAS OLAS CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition

NAME **ANDREWS, JACQUELINE**

STREET ADDRESS **ONE LAS OLAS CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.2 NAME **Andrews, Jacqueline**

2.3 STREET ADDRESS **1 Las Olas Circle, PH-4**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Lucas, Wayne E.**

3.3 STREET ADDRESS **RT 5, Box 528**

3.4 CITY-ST-ZIP **Millsboro, DE 19966**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Andrews, Anthony S.**

4.3 STREET ADDRESS **691 White Swan Drive**

4.4 CITY-ST-ZIP **Arnold, MD 21012**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Anthony T. Andrews, Pres.

4/27/99

954-764-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0137438