

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90125 004 ***158.75

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DOCUMENT # V34611

1. Corporation Name

AMERICAN INTERNATIONAL DEVELOPMENT COUNCIL INC.

Principal Place of Business

6443 PLUMOSA AVENUE
S. FORT MYERS FL 33908
US

Mailing Address

6443 PLUMOSA AVENUE
S. FT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1992

4. FEI Number

65-0350105

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 919 LASSING CT
Suite, Apt. #, etc.

2a. Mailing Address

26 919 LASSING CT
Suite, Apt. #, etc.

22 City & State

23 PUNTA GORDA FL

27 City & State

28 PUNTA GORDA FL

24 Zip

33956

25 Country

29 Zip

33956

30 Country

9. Name and Address of Current Registered Agent

AMERIE, ERNEST R
6443 PLUMOSA AVENUE
S. FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

919 LASSING CT

83

84 City PUNTA GORDA

85

Zip Code FL 33956

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, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PAOLINO DARRA LYNNE
STREET ADDRESS 424 SW 33RD TERRACE
CITY-ST-ZIP CAPE CORAL FL

TITLE CD ☐ DELETE

NAME AMERIE, ERNEST R
STREET ADDRESS 6443 PLUMOSA AVENUE
CITY-ST-ZIP S. FT MYERS FL

TITLE SD ☐ DELETE

NAME N.E.T. JARRETT
STREET ADDRESS 6443 PLUMOSA AVENUE
CITY-ST-ZIP S. FT MYERS F

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 521 SW 47 Terrace - No 101
1.4 CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 919 LASSING CT
2.4 CITY-ST-ZIP Punta Gorda FL 33956

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 919 LASSING CT
3.4 CITY-ST-ZIP Punta Gorda FL 33956

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST ROSS AMERIE

Date

Daytime Phone #

941-639-8000

CR2E034 (11/98)