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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57611

(8)

AMERIC	an Heritage ant	IQUES, INC.							
Principal Plac	e of Business	Mailing Address				I IMBIL MEDDI MILLI HEBUM BIIMLI MEDDI N		INIL NEWER #16111	
1104 WATERLO SUITE 1 SARASOTA FL		1104 Waterloo Si Suite 1 Sarasota FL 3423				I+< +**			
US		US				3. Date Incorporated or Qualified 08/14/1992		te of Last Ro)8/1996	eport
2. Principa! F	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number			plied For
21		26				65-0399470			t Applicable
Suite, Apt.		27				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	le	City & State				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t	
23 Zip	Country	28 Zip	Co	ountry	/	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·		
24	25	29	30		•	Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New	ess of New Registered Agent		
AME	ERICAN HERTIAGE AN	NOUES INC.		81	Name				
1104 WATERLOO ST				82	Street A	Address (P.O. Box Number is Not Accep	table)		
SUITE 1					ļ				
SARASOTA FL 34237				83					
				84	1 1		FL	1 .	Code
11. Pursuant office or agent. La	to the provisions of Section registered agent, or both, am familiar with, and acce	ons 607.0502 and 607.1508, Florida in the State of Florida. Such change pt the obligations of, Section 607.05	Statutes, the was authoriz 05, Florida St	abov ed b atute	e-named or y the corp s.	corporation submits this statement for the oration's board of directors. I hereby ac-	e purpose of cept the app	changing it ointment as	s registered registered
SIGNATURE						required when re-natating)	DATE		
12.		of registered agent and title if applicable. FICERS AND DIRECTORS	13	*****	era signature i	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
TILE	D	☐ DELE		TITLE	·····			Change	Addition
NAME	ARGUE, T. R.			NAME	-				ļ
STREET ADDRESS	TREET ADDRESS 4434 DEER RIDGE PLACE			STREE	T ADDRESS				
CITY-\$1-ZIP	SARASOTA FL		1,4	CITY-	ST-ZIP				
TITLE	L DELETE			2.1 TITLE				Change	Addition
NAME			2.2	NAME					1
STREET ADDRESS			2.3	STREE	T ADDRESS				
City - S1 - 7IP					ST-ZIP			Change	Addition
TITLE		☐ DELI		TITLE	Į			Change	Magnition
NAME:				NAME					
STREET ADDRESS					T ADDRESS				
City-St-ZiP	-	DELL		TITLE	ST-ZIP		,	Change	Addition
1		C Dett		2 NAMI	l l			***************************************	
NAME CONCELLABORADO				. ,,	t address				Ì
STREET ADDRESS			i		CI. 7IP				

6.4 CITY - ST - ZIP 14. I do 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.

5.1 TITLE

5.2 NAME

61 TIFLE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TIFLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

FILED

May 08 1997 8:00am

Secretary of State

Change

☐ Change

Addition

___ Addition