

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norstrom  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V60631**

**(1)**

1. Corporation Name

**AMERICAN EXECUTIVE CENTERS, INC.**

Principal Place of Business

**2431 ALOMA AVENUE  
WINTER PARK FL 32792**

Mailing Address

**2431 ALOMA AVENUE  
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/27/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3140811**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

State Apt # etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

State Apt # etc.

27 City & State

28 Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**HELLING, DALE D.  
2431 ALOMA AVENUE  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0501, Florida Statutes.

SIGNATURE

Agent (Name, Address, Telephone, Signature, and Date)

Agent (Name, Address, Telephone, Signature, and Date)

Date

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>PRSD</b>              |
| NAME           | <b>HELLING, DALE D</b>   |
| STREET ADDRESS | <b>2431 ALOMA AVENUE</b> |
| CITY, ST, ZIP  | <b>WINTER PARK FL</b>    |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(9)(b), Florida Statutes. I further certify that the information contained 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 in whole truth. 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.

**SIGNATURE: Dale D. Helling** Dale D. Helling-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

(407)678-1106

Date

Telephone Number