

FILE NOW: FILING FEE IS \$61.25

FILED

**May 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003600 (1)
1. Corporation Name
THE AMERICAN OPPORTUNITY FOUNDATION, INC.



Principal Place of Business 5755 DUPREE DR NW #110 ATLANTA GA 30327	Mailing Address 5755 DUPREE DR NW #110 ATLANTA GA 30327
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3. Date Incorporated or Qualified 07/17/1996	
4. FEI Number 58-1533966	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	KENNEDY, PHILIP J	
STREET ADDRESS	5561 ARUNDEL DR NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORREA, SYLVIA A	
STREET ADDRESS	215 PIEDMONT RD #1901	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DERRICK, ROBERT R	
STREET ADDRESS	2031 SPRINGLAKE DR	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLINT, DAVID H	
STREET ADDRESS	985 IVY FALLS DR	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMMER, JACK T	
STREET ADDRESS	7433 BAY DR PH #4	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1900 Sunset Harbor Drive PH # 2
5.4 CITY-ST-ZIP	Miami Beach, FL 33139
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Philip J Kennedy President** Date: **4/24/98** (70) 937 0877 Days/Evening Phone # 0077689

CR2E037 (10/97)