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Apr 14 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **L64711** (9)
1. Corporation Name
AMNED PROPERTIES, INC.



Principal Place of Business 10549 FLORIDA AVE. SUITE K TAMPA FL 33612 US	Mailing Address 10549 N FLORIDA AVE. SUITE K TAMPA FL 33612-6707 US
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3. Date Incorporated or Qualified 04/12/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3028722	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. 22 Suite 165 City & State 23 Tampa, Florida Zip 24 33618-2424	2a. Mailing Address 26 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. 27 Suite 165 City & State 28 Tampa, Florida Zip 29 33618-2424	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent
**MYERS, W. P
10549 N FLORIDA AVE
SUITE K
TAMPA FL 33612**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13902 N. Dale Mabry Hwy.
83 **Suite 165**
84 City
Tampa
85 Zip Code
FL 33618-2424

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANSEN, VICTOR R.	
STREET ADDRESS	6900 SOUTHPPOINT DR. N.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRENTICE, BRYANT H., III	
STREET ADDRESS	6900 SOUTHPPOINT DR. N.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANKERS, GUS	
STREET ADDRESS	6900 SOUTHPPOINT DR. N.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, MARC C.	
STREET ADDRESS	6900 SOUTHPPOINT DR. N.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MYERS, W. PARKINSON	
STREET ADDRESS	10549 N. FLORIDA AVE.	
CITY - ST - ZIP	TAMPA FL	
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	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	13902 N. Dale Mabry Hwy., Suite 165
5.4 CITY - ST - ZIP	Tampa, FL 33618-2424
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 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.

SIGNATURE: W. Parkinson 4/16/97 (813) 960-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)