

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2: 01

DOCUMENT # J45680 (2)

1. Corporation Name
A.H.C.N.C., INC.

Principal Place of Business STE 218 300 - 41ST ST MIAMI BEACH, 33140 US	Mailing Address STE 218 300 - 41ST ST MIAMI BEACH, 33140 US
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/04/1986	3a. Date of Last Report 04/22/1994
--	--

4. FEI Number 59-2765743	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. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

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

9. Name and Address of Current Registered Agent

**MERRITT, ROGER J.
SUITE 218 JEFFERSON PLAZA
300 41ST STREET
MIAMI BEACH FL 33140**

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 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MAXON, LEROY J. SR.
STREET ADDRESS	RT. 3, BOX 370
CITY, ST, ZIP	BANNER ELK NC
TITLE	VPD
NAME	MAXON, THOMAS H.
STREET ADDRESS	RT. 3, BOX 370
CITY, ST, ZIP	BANNER ELK NC
TITLE	STD
NAME	MAXON, MARY J.
STREET ADDRESS	RT. 3, BOX 370
CITY, ST, ZIP	BANNER ELK NC
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 or person empowered to execute the 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: Leroy J. Maxon, Sr. *Leroy Maxon Sr.* **4/5/95** **(813) 763-0644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number

ROGER J. MERRITT

ATTORNEY AT LAW

SUITE 218, JEFFERSON PLAZA
300 - 41ST STREET (ARTHUR GODFREY ROAD)
MIAMI BEACH, FLORIDA 33140

TELEPHONE: (305) 534-7718
FAX: (305) 673-2999

ALSO ADMITTED IN
DISTRICT OF COLUMBIA
AND NEW YORK

April 10, 1995

Division of Corporations
Annual Reports Section
Caller Service # 1500
Tallahassee, FL 32302-1500

Re: A.H.C.N.C., Inc.
No. J45680
1995 Annual Report

Dear Sir:

Enclosed please find the 1995 Annual Report for the above-referenced corporation.

I also enclose a check in the amount of \$200.00 for the filing fee.

Thank you.

Yours truly,


Roger J. Merritt

Encls. stated

cc: Leroy J. Maxon, Sr.