

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

FILED

**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J45680 (2)

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



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	4. FEI Number	Applied For
12/04/1986	59-2765743	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAXON, LEROY J. SR.	
STREET ADDRESS	RT. 3, BOX 370	
CITY-ST-ZIP	BANNER ELK NC	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MAXON, THOMAS H.	
STREET ADDRESS	RT. 3, BOX 370	
CITY-ST-ZIP	BANNER ELK NC	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MAXON, MARY J.	
STREET ADDRESS	RT. 3, BOX 370	
CITY-ST-ZIP	BANNER ELK NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAXON, LEROY J. SR.	
1.3 STREET ADDRESS	2410 DUFF ROAD	
1.4 CITY-ST-ZIP	LAKELAND, FL 33810	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAXON, THOMAS H.	
2.3 STREET ADDRESS	1615 N. 29 AVENUE	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY LEE ROSENTHAL	
4.3 STREET ADDRESS	1422 CREEKWOOD RUN	
4.4 CITY-ST-ZIP	LAKELAND, FL 33809	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEROY J. MAXON, JR.	
5.3 STREET ADDRESS	P.O. BOX 1405 (N/A)	
5.4 CITY-ST-ZIP	ANTHONY, FL 32617	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002431553	
6.3 STREET ADDRESS	-02/16/98--01080--029	
6.4 CITY-ST-ZIP	***150.00	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)