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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90027 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J45680**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

STE 218  
 300 - 41ST ST  
 MIAMI BEACH, 33140  
 US

Mailing Address

STE 218  
 300 - 41ST ST  
 MIAMI BEACH, 33140  
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/04/1986

4. FEI Number

59-2765743

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 owes the current year Intangible Personal Property Tax.  Yes  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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME MAXON, LEROY J. SR.  
 STREET ADDRESS 2410 DUFF ROAD  
 CITY-ST-ZIP LAKELAND FL 33810

TITLE STD  DELETE  
 NAME MAXON, THOMAS H.  
 STREET ADDRESS 1615 N. 29 AVE  
 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D  DELETE  
 NAME ROSENTHAL, MARY LEE  
 STREET ADDRESS 1422 CREEKWOOD RUN  
 CITY-ST-ZIP LAKELAND FL 33809

TITLE D  DELETE  
 NAME MAXON, LEROY J JR  
 STREET ADDRESS P.O. BOX 1405 N/A  
 CITY-ST-ZIP ANTHONY FL 32617

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE DV  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leroy J. Maxon, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE 4/7/99 (941) 859-0972  
 DAYTIME PHONE #

CR2E034 (1/98)