

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90052 016 ***150.00

0172932

DOCUMENT # J45680

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

Principal Place of Business STE 218 300 - 41ST ST MIAMI BEACH FL 33140 US	Mailing Address STE 218 300 - 41ST ST MIAMI BEACH FL 33140 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2765743	<input type="checkbox"/>	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/>	Delete	NAME	MAXON, LEROY J. SR.	STREET ADDRESS	2410 DUFF ROAD	CITY-ST-ZIP	LAKELAND FL 33810
TITLE	STD	<input type="checkbox"/>	Delete	NAME	MAXON, THOMAS H.	STREET ADDRESS	1615 N. 29 AVE	CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	DV	<input type="checkbox"/>	Delete	NAME	MAXON, LEROY J. JR	STREET ADDRESS	P.O. BOX 1405 N/A	CITY-ST-ZIP	ANTHONY FL 32617
TITLE		<input type="checkbox"/>	Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/>	Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Leroy J. Maxon, Sr. **Leroy J. Maxon, Sr.** 3/9/01 (863) 859-0972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)