

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 260418 (9)

1. Corporation Name
AMERINET FINANCIAL SYSTEMS, INC.



Principal Place of Business P.O. BOX 1656 0000A FL 32023	Mailing Address P.O. BOX 1656 0000A FL 32023-1656
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 05/01/1996
21 3400 Inland Empire Blvd. #205 Suite, Apt. #, etc. 205	26 3400 Inland Empire Blvd. #205 Suite, Apt. #, etc. 205	27 205	28 Ontario, CA	4. FEI Number 99-0108872 75-2609633	Applied For Not Applicable
22 205	27 205	29 91764	30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Ontario, CA	28 Ontario, CA	29 91764	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 91764	25 USA	29 91764	30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEST, PERRY DOUGLAS
1270 ORANGE AVENUE, STE. A
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUANE, CHRISTIE	
STREET ADDRESS	3400 INLAND EMPIRE BLVD.	
CITY-ST-ZIP	ONTARIO CA 91764	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEMBROKE, JOHN J	
STREET ADDRESS	9827 ROCKY BRANCH	
CITY-ST-ZIP	DALLAS TX 76243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, PERRY D	
STREET ADDRESS	1270 ORANGE AVENUE SUITE A	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John J. Pembroke	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William P. Yeager	
3.3 STREET ADDRESS	3400 Inland Empire Blvd. #205	
3.4 CITY-ST-ZIP	Ontario, CA 91764	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Winston E. Hickman	
4.3 STREET ADDRESS	3400 Inland Empire Blvd. #205	
4.4 CITY-ST-ZIP	Ontario, CA 91764	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eric H. Cunliffe	
5.3 STREET ADDRESS	6200 S. Syracuse Way, #400	
5.4 CITY-ST-ZIP	Englewood, CO 80111	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Alan S. Nopar	
6.3 STREET ADDRESS	2166 The Alameda	
6.4 CITY-ST-ZIP	San Jose, CA 95126	

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: Winston E. Hickman, EVP  4/8/97 (909) 481-7800

CR2E034 (9/96)