

5.13.98 B-7265 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 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 # 354764 (3)
1. Corporation Name
AMERICAN FIRST OF FLORIDA SERVICES INC

Principal Place of Business
2031 HENDRICKS AVE
JACKSONVILLE FL 32207-3307

Mailing Address
2031 HENDRICKS AVE
JACKSONVILLE FL 32207-3307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1317754	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRANSON, CHARLES J. 1551 ATLANTIC BLVD. SUITE 200 JACKSONVILLE FL 32207		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1551 ATLANTIC BLVD.	1.2 NAME	
CITY-ST-ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS	2031 HENDRICKS AVENUE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	2031 HENDRICKS AVENUE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: T. KEITH PERRY 4/29/98 904-896-8237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)