

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 04 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 # 482772 (1)

1. Corporation Name
AMSOUTH RETIREMENT SERVICES, INC.

Principal Place of Business

65 N. ORANGE AVE.
ORLANDO FL 32801
US

Mailing Address

P.O. BOX 588001
ORLANDO FL 32858
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/13/1975	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1609927	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHRISTMAN, JOHN R.
65 N. ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	CHRISTMAN, JOHN R.
82 Street Address (P.O. Box Number is Not Acceptable)	3300 SW 34TH AVENUE
83	
84 City	OCALA
85 Zip Code	FL 34474

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 *John R. Christman* August 29, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTMAN, JOHN R	1.2 NAME	
STREET ADDRESS	3300 S.W. 34TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALADO FL 34474	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMEE, MICHEAL W	2.2 NAME	
STREET ADDRESS	65 N. ORANGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDOPARK FL 32801	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, LYND A	3.2 NAME	
STREET ADDRESS	1901 6TH AVENUE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUGHRAN, WILLIAM H JR.	4.2 NAME	
STREET ADDRESS	1901 6TH AVENUE NORTH, SUITE 920	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM FL 35203	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AT
STREET ADDRESS		5.3 STREET ADDRESS	JOHN GLOVER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1901 6TH AVENUE NORTH
TITLE		6.1 TITLE	BIRMINGHAM, AL 35203
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *William H. Caughran* August 30, 1997 205-326-4940

CR2E034 (4/97)