

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90205 050 ***150.00

DOCUMENT # 659603

1. Corporation Name
AMERICAN PEMBROKE, INC.

Principal Place of Business: 160 EAST SUMMERLIN STREET, P.O. BOX 2556, BARTOW FL 33830-4641
Mailing Address: 160 EAST SUMMERLIN STREET, P.O. BOX 2556, BARTOW FL 33830-4641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 13 North Section St., Suite, Apt. #, etc. 22
23 Fairhope, AL
24 Zip 36532, Country USA
2a. Mailing Address: 26 13 North Section St., Suite, Apt. #, etc. 27
28 Fairhope, AL
29 Zip 36532, Country USA 30

3. Date Incorporated or Qualified: 03/18/1980
4. FEI Number: 59-1980647 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
LANGFORD, RICHARD C
160 EAST SUMMERLIN STREET
STE. 202
BARTOW FL 33830-4641

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

12. OFFICERS AND DIRECTORS
TITLE: PDS
NAME: LANE, FLEETWOOD T.
STREET ADDRESS: 160 EAST SUMMERLIN STREET
CITY-ST-ZIP: BARTOW FL 33830-4641
[Repeat for other officers]

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
[Repeat for other additions]

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: _____ DATE: 4-15-99 DAYTIME PHONE #: 334-990-0031

CR2E034 (1/98)