


5-5-98 FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756642 (5)  
1. Corporation Name  
ASSOCIATION OF AM AND FM LODGES, INCORPORATED

Principal Place of Business 3670 MIMOSA DRIVE P.O. BOX 1605 JACKSONVILLE FL 32207	Mailing Address 3670 MIMOSA DRIVE P.O. BOX 1605 JACKSONVILLE FL 32207
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 03/06/1981	4. FEI Number 59-2177147	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
JAMES, ROOSEVELT  
3670 MIMOSA DRIVE  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<del>WATKINS, JOHNNY</del>
STREET ADDRESS	<del>1470 EVERGREEN AVE</del>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	<del>DEWEY, LUTRELL</del>
STREET ADDRESS	<del>9000 BIRCHWOODS RD #112-SUITE 100</del>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>
TITLE	SD <input type="checkbox"/> DELETE
NAME	JAMES, ROOSEVELT A.
STREET ADDRESS	3670 MIMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<del>WRIGHT, GEORGE</del>
STREET ADDRESS	<del>3539 SPRING PARK RD.</del>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<del>SAAD, SALEM</del>
STREET ADDRESS	<del>1028 TURTLE CREEK DRIVE</del>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<del>WRIGHT, GEORGE</del>
STREET ADDRESS	<del>2200 EMERSON STREET</del>
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE WRIGHT
1.3 STREET ADDRESS	3539 SPRING PARK RD.
1.4 CITY-ST-ZIP	JACKSONVILLE FLA, 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V. PHO TET
2.3 STREET ADDRESS	605 TALBOT AVE.
2.4 CITY-ST-ZIP	JACKSONVILLE FLA, 32205
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SE. ADMINISTRATIVE & FOUNDER
3.3 STREET ADDRESS	ROOSEVELT A. JAMES
3.4 CITY-ST-ZIP	3670 MIMOSA DRIVE
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. SALEM SAAD R.
4.3 STREET ADDRESS	1028 TURTLE CREEK DRIVE
4.4 CITY-ST-ZIP	JACKSONVILLE FLA, 32218
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTIN JAMES A
5.3 STREET ADDRESS	1144 BERTHA STREET
5.4 CITY-ST-ZIP	JACKSONVILLE FLA, 32218
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D. JOHNNY L. WATKINS
6.3 STREET ADDRESS	1320 HOGAN CREEK TOWER APT#1006
6.4 CITY-ST-ZIP	JACKSONVILLE FLA, 32202

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie Ann Administrative (904) 396-4024*

CR2E037 (10/97)