

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000992 (9)

1. Corporation Name

AMERICAN RENOVATION AND CONSTRUCTION COMPANY

Principal Place of Business
3645 CAMINO DEL RIO SOUTH
SAN DIEGO CA 92108-4004

Mailing Address
3645 CAMINO DEL RIO SOUTH
SAN DIEGO CA 92108-4004

FILED
Sep 09 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 07/08/1996
4. FEI Number 33-0260062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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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9. Name and Address of Current Registered Agent

BAKER, GARY
ALLEGHENY & AKRON #320
JACKSONVILLE NAS
JACKSONVILLE FL 32212-0030

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPAD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHLOFF, TONY	1.2 NAME	
STREET ADDRESS	817 BALOUR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINITAS CA 92024	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASQUEZ, IVAN	2.2 NAME	
STREET ADDRESS	14578 OLIVE VISTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAMUL CA 91935	2.4 CITY-ST-ZIP	
TITLE	VPOP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD II, FRANCIS N	3.2 NAME	
STREET ADDRESS	3897 ASHFORD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92111	3.4 CITY-ST-ZIP	
TITLE	CS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, KIMBERLY K	4.2 NAME	
STREET ADDRESS	817 BALOUR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINITAS CA 92024	4.4 CITY-ST-ZIP	
TITLE	CT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEMISON, ANTHONY J	5.2 NAME	
STREET ADDRESS	10001-A TIERRASANTA, #118	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92124	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BLANCHE	6.2 NAME	
STREET ADDRESS	1508 SOUTH CITRUS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ESCONDIDO CA 92027	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 SIGNATURE REQUIRED

CR2E034 (4/97)