

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004451 (0)**

1. Corporation Name

**AMERICAN CONSUMER ALLIANCE, INC.**



Principal Place of Business <b>770 W GRANADA BLVD SUITE 250 ORMOND BEACH FL 32174 US</b>	Mailing Address <b>770 W GRANADA BLVD SUITE 250 ORMOND BEACH FL 32174-5180 US</b>
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3. Date Incorporated or Qualified <b>08/26/1994</b>	3a. Date of Last Report <b>04/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-3232297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>REEVES, JOHN D 770 W GRANADA BLVD SUITE 250 ORMOND BEACH FL 32174</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>DAVID L. BUTLER</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4 CROOKED BRIDGE WAY</b>	
83	
84 City <b>ORMOND BEACH</b>	85 Zip Code <b>FL 32174</b>

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: *David Butler* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Acting President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REEVES, JOHN D</b>		1.2 NAME <b>David L. Butler</b>	
STREET ADDRESS <b>1303 OAK FOREST DR</b>		1.3 STREET ADDRESS <b>4 Crooked Bridge Way</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		1.4 CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REEVE, RICHARD P</b>		2.2 NAME	
STREET ADDRESS <b>312 NORTH BIG SPRING</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIDLAND TX</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAUER, JAMES L</b>		3.2 NAME	
STREET ADDRESS <b>9967 MIRA DEL RIO</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SACRAMENTO CA</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAUER, JAMES L</b>		4.2 NAME	
STREET ADDRESS <b>9767 MIRA DEL RIO</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SACRAMENTO CA</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DILLIN, DAVID M</b>		5.2 NAME	
STREET ADDRESS <b>52230 ARROWHEAD CIR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GRANBY IN</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *David Butler* **REQUIRED** 4/28/97 (904) 676-9966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)