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FILED
May 14 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 # **F94000004451 (0)**

1. Corporation Name

AMERICAN CONSUMER ALLIANCE, INC.



Principal Place of Business	Mailing Address
770 W GRANDA BLVD SUITE 250 ORMOND BEACH FL 32174 US	770 W GRANADA BLVD SUITE 250 ORMOND BEACH FL 32174 US

3. Date Incorporated or Qualified	08/26/1994
4. FEI Number	59-3232297
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BUTLER, DAVID L 7 CROOKED BRIDGE WAY ORMOND BEACH FL 32174

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DAVID	1.2 NAME	John D. Reeves
STREET ADDRESS	4 CROOKED BRIDGE WAY	1.3 STREET ADDRESS	1303 Oak Forest Drive
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVE, RICHARD P	2.2 NAME	
STREET ADDRESS	312 NORTH BIG SPRING	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDLAND TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAUER, JAMES L	3.2 NAME	
STREET ADDRESS	9967 MIRA DEL RIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAUER, JAMES L	4.2 NAME	
STREET ADDRESS	9767 MIRA DEL RIO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLIN, DAVID M	5.2 NAME	
STREET ADDRESS	52230 ARROWHEAD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRANBY IN	5.4 CITY-ST-ZIP	
TITLE		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 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.
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SIGNATURE: *[Signature]* **John D. Reeves** 4/24/98 904-676-9966

CR2E037 (10/97)