

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J45680 (2)
1. Corporation Name
A.H.C.N.C., INC.



Principal Place of Business
STE 218
300 - 41ST ST
MIAMI BEACH. 33140
US

Mailing Address
STE 218
300 - 41ST ST
MIAMI BEACH. 33140
US

DO NOT WRITE IN THIS SPACE

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	29	Country
3. Date Incorporated or Qualified 12/04/1986		4. FEI Number 59-2765743	
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. 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

MERRITT, ROGER J.
SUITE 218 JEFFERSON PLAZA
300 41ST STREET
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MAXON, LEROY J. SR.	1.2 NAME	MAXON, LEROY J. SR.
STREET ADDRESS	RT. 3, BOX 370	1.3 STREET ADDRESS	2410 DUFF ROAD
CITY-ST-ZIP	BANNER ELK NC	1.4 CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	VPD	2.1 TITLE	STD
NAME	MAXON, THOMAS H.	2.2 NAME	MAXON, THOMAS H.
STREET ADDRESS	RT. 3, BOX 370	2.3 STREET ADDRESS	1615 N. 29 AVENUE
CITY-ST-ZIP	BANNER ELK NC	2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	STD	3.1 TITLE	
NAME	MAXON, MARY J.	3.2 NAME	
STREET ADDRESS	RT. 3, BOX 370	3.3 STREET ADDRESS	
CITY-ST-ZIP	BANNER ELK NC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	MARY LEE ROSENTHAL
STREET ADDRESS		4.3 STREET ADDRESS	1422 CREEKWOOD RUN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKELAND, FL 33809
TITLE		5.1 TITLE	D
NAME		5.2 NAME	LEROY J. MAXON, JR.
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 1405 (N/A)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ANTHONY, FL 32617
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)