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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J81040

(4)

AOH SERVICES, INC.

Mailing Address

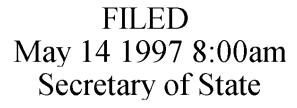
2a. Mailing Address

309 S. DIXIE HIGHWAY LAKE WORTH FL 33460

Principal Place of Business

2. Principal Place of Business

309 S. DIXIE HIGHWAY LAKE WORTH FL 33460-4440



3a. Date of Last Report

Applied For

05/01/1996



3. Date Incorporated or Qualified

07/06/1987

4. FEI Number

21			26							65-0108513			Not	Applicable
Suite, Apt.	#, etc.		27	Suite, A	pt. #, etc.					5. Certificate of Status Desired				dditional quired
City & State	ρ		- 21	City & S	Stato							····		·
3			28	Only G	Jigitt.				3	6. Election Campaign Financing Trust Fund Contribution				May Be Fees
Zip		Country	1-	Zip		Co	ountry			8. This corporation has hability for	intangible			
:4		25	29			30					Yes [JI U.	100.002.,
	9. Name	and Address of Current	Regis	stered Ag	gent	ــــــــــــــــــــــــــــــــــــــ	1			10. Name and Address of New Ro	gistered	Agent		
CUNNINGHAM, BART A.								Name						
7388 ASHLEY SHORES CIR							82 Street Address (P.O. Box Number is Not Accentable)							
	W WORTH					82 Street Address (P.O. Box Number is Not Acceptable)								
							83			***************************************				
							-	6:						
	1.15						84	City			FL	85 2	Zip Ci	ode
1. Pursuant	to the provis	sions of Sections 607.0502	and (607.1508,	Florida Statul	es, the	above	o-named o	orpor	ation submits this statement for the	aurooso of	changir	ia its	registered
Office of t	egistered aç	gent, or both, in the State c ith, and accept the obligat	ot tilom	ida. Such	change was	authoriz	ed by	the corpo	oration	n's board of directors. I hereby acce	pt the app	ointmerd	. as re	egistered
SIGNATURE		and and addept the design	NONS D	n, Decilor	1001.0000,11	onda or	aidica	1.						
DIGINATURE	Signature, lyped	for printed name of registered agent	Lano litic	e if applicable	low) u	L: Registe	red Age	nt signature re	equired	when reinstating)	DATE			
2.		OFFICERS AND	DIREC	CTORS		13	•			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS	IN 12
TITLE	PST				DELETE	11	TITLE					Chan	ge	Addition
NAME		gham, bart a.				12	NAME							
STREET ADDRESS		HLEY SHORES CIR.				13	STREET	ADDRESS						
CITY-ST-ZIP	LAKE W	ORTH FL				14	CITY-S	T - Z IP				•		
ITLE	D				DELF1E	21	TITLE					Chan	ge	Addition
IAME		gham, bart a.				2.2	NAME							
STREET ADDRESS		hley s hores cir.				23	STREET	ADDRESS						
XTY-\$T-ZIP	LAKE WO	ORTH FL				2. 4	DITY-5	ST - 7IP						
TITLE					DELETE	3.1	TILE					Chan	ge	Addition
NAME						3.2	NAME							
STREET ADDRESS						3.3	STREE1	ADORESS						
CITY-ST-ZIP						3.4	CITY-S	:1-ZIP						
TITLE					DELETE	4.1	HILE					Chan	ge	Addition
IAME						4. 2	NAME							
STREET ADDRESS						4.3	STREET	ADDRESS						
CITY - ST - ZIP						4.4	CITY - S	1-2IP						
TITLE					DELETE	5.1	117 LE					Chan	ge	Addition
NAME						5.21	NAME			·				
STREET ADDRESS						5.3	STREET	ADDRESS						
CITY-ST-ZIP						5.4	CITY-S	1 - ZIP						
ITLE				I	DELETE		HILE				·	Chan	ge	Addition
IAME						62	NAME							
TREET ADDRESS						6.3	STREET	ADDRESS						
DITY-ST-ZIP							CITY-S							
4. I do hereb	y certify tha	t the information supplied	with th	nis filing o	does not quali	ly for the	exe	mption stat	ted in	Section 119.07(3)(i), Florida Statute	s. I further	certify t	hat th	10
Intormation	n i ndic ated of fice r o r direc	on this annual report or su	he rec	ental ann oiver or t	iual report is t rustee empow	rue and rered to	accu	rate and th	hat m	y signature shall have the same legs s required by Chapter 607, Florida S	al effect as	if made	undo	or math: tha