

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L64711 (9)
 1. Corporation Name
AMNED PROPERTIES, INC.

Principal Place of Business 10549 FLORIDA AVE. SUITE K TAMPA FL 33612 US	Mailing Address 10549 N FLORIDA AVE. SUITE K TAMPA FL 33612-6707 US
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2. Principal Place of Business 21 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. 22 Suite 165 City & State 23 Tampa, Florida Zip Country 24 33618-2424 25 USA		2a. Mailing Address 26 13902 N. Dale Mabry Hwy. Suite, Apt. #, etc. 27 Suite 165 City & State 28 Tampa, Florida Zip Country 29 33618-2424 30 USA		3. Date Incorporated or Qualified 04/12/1990	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-3028722		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 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 MYERS, W. P. 10549 N FLORIDA AVE SUITE K TAMPA FL 33612				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13902 N. Dale Mabry Hwy. 83 Suite 165 84 City Tampa				85 Zip Code FL 33618-2424	
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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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANSEN, VICTOR R.			1.2 NAME			
STREET ADDRESS	6900 SOUTHPPOINT DR. N.			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENTICE, BRYANT H., III			2.2 NAME			
STREET ADDRESS	6900 SOUTHPPOINT DR. N.			2.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANKERS, GUS			3.2 NAME			
STREET ADDRESS	6900 SOUTHPPOINT DR. N.			3.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHINSON, MARC C.			4.2 NAME			
STREET ADDRESS	6900 SOUTHPPOINT DR. N.			4.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			4.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, W. PARKINSON			5.2 NAME			
STREET ADDRESS	10549 N. FLORIDA AVE.			5.3 STREET ADDRESS	13902 N. Dale Mabry Hwy., Suite 165		
CITY - ST - ZIP	TAMPA FL			5.4 CITY - ST - ZIP	Tampa, FL 33618-2424		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Parkinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

(813) 960-1006

Daytime Phone #

CR2E034 (9/96)