

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L66877 (6)

1. Corporation Name
AMERIVEST, INC.

Principal Place of Business
6555 NW 9TH AVE., #203
FT. LAUDERDALE FL 33309

Mailing Address
6555 NW 9TH AVE., #203
FT. LAUDERDALE FL 33309-2049



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1990		3a. Date of Last Report 04/16/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0190943		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

COLGAN, JAMES F.
7411 ANNAPOLIS LANE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name K. Jerry Phillips
82 Street Address (P.O. Box Number is Not Acceptable) 6555 NW 9TH AVE, STE. 203
83
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 K. Jerry Phillips - PRES. K. Jerry Phillips DATE 4-14-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD PHILLIPS, K. JERRY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, K. JERRY	1.2 NAME	
STREET ADDRESS	6555 NW 9TH AVE #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	D COLGAN, JAMES F. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLGAN, JAMES F.	2.2 NAME	
STREET ADDRESS	7411 ANNAPOLIS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	2.4 CITY-ST-ZIP	
TITLE	V HUTCHINSON, VICKI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, VICKI	3.2 NAME	
STREET ADDRESS	6555 NW 9TH AVE., #203	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VDST PHILLIPS, ELANE C.
STREET ADDRESS		4.3 STREET ADDRESS	6555 NW 9TH AVE. #203
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K. Jerry Phillips K. Jerry Phillips DATE 3-21-97 (954) 771-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0266762

CR2E034 (9/96)