	NOTICE: CORPORATION WILL BE			}	•••
NO COR ANNU	INPROFIT IPORATION JAL. REPORT	FLORIDA DEPART Sandra B. Secretary DIVISION OF C	MENT OF STATE  Mortham y of State		
	1996 SAFNE # D1007		ORPORATIONS		
1. Corporation		(-)			
AMER	RICAN PATRIOT INCORPORA	ITED EFFORTS, INC.		E HAARIENDE AND HINDE AND HEARING LANGE	SCOL BERNA RERNI BERNI RERNI RERNI RERNI ERRE
Principal Dines	o of Duckness	Mailing Address			
Principal Place of Business Mailing Address  8901 ALAXA WAY PO BOX 2011					
RIVERVIEW FL 33569				No. 17 and a second at the sec	
US				<ol> <li>Date Incorporated or Qualified 06/29/1988</li> </ol>	3a. Date of Last Report 03/22/1995
2. Principal Pi	lace of Business I Alafia Way	2a. Mailing Address 26		4. FEI Number 35~1542331	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ention El.	City & State		6. Election Campaign Financing	\$5.00 May Be
7in	rview, FC	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees stangible tax under s. 199.032,
24 37	9. Name and Address of Current	1	30	Florida Statutes  10. Name and Address of New Reg	Yes No
50/65			81 Name		
BOYER, GREGORY F. 2522 LAKE ELLEN LANE Street Address (P.O. Box Number is Not Acceptable)					8)
SUITE	103 A FL 33618		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 the accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12. TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	NELIS, L.M ICHAEL		1.2 NAME		21
STREET ADDRESS CITY-ST-ZIP	8901 ALATIA WAY RIVERVIEW FL		1.3 STREET ADDRESS 1.4 City - St - Zip		
TITLÉ	D ROVER OPEGORY E	DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	BOYER, GREGORY F. 2522 LAKE ELLEN LANE		22 NAME 23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL SD	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change   Addition
NAME	NELIS, DENA L.		3 2 NAME		onenge noomon
STREET ADORESS   CITY-ST-ZIP	8901 ALATIA WAY RIVERVIEW FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this filing is unlustarily for	6.4 CITY - ST - ZIP	lify for the exemption stated in Section 1	19 07/3Vk) Florida Statutas I
14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 the property of the corporation of th					
that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.  SIGNATURE: 6/28/96 813					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Or DIRECTOR					