
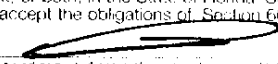
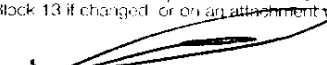


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA4000047065			
1. Corporation Name Americoconnect inc.			
Principal Place of Business Same		Mailing Address 7945 East Dr #207 N. Bay Vllg. Fl. 33141	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06-23-94		3a. Date of Last Report	
4. FEI Number 65-0547390		Applied For 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 Roger Eiers 7945 East Dr. #207 N. Bay Vllg. Fl. 33141		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Florida agent, if applicable. Date Registered Agent Available to Assume Office (Date)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP President Roger Eiers 7945 East Dr. 207 N. Bay Vllg. #207 Fl. 33141		1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
		800001864600 Page <input type="checkbox"/> Addition -06/18/96--01012--034 ***225.00	
14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  Roger Eiers		05-21-96 (305) 757-1095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (12/95)