

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

FILED
Apr 03 1997 8:00am
Secretary of State

DOCUMENT # P94000089873 (1)

1. Corporation Name
AMERICAN ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business
1919 BEACHWAY ROAD SUITE 4F
JACKSONVILLE FL 32207

Mailing Address
1919 BEACHWAY ROAD SUITE 4F
JACKSONVILLE FL 32207-2347



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 01/26/1996
21 3947 BOULEVARD CENTRAL DR. Suite, Apt. #, etc. 22 SUITE # 107		26 3947 BOULEVARD CENTRAL DR. Suite, Apt. #, etc. 27 SUITE # 107		4. FEI Number 59-3284009	Applied For Not Applicable
23 JACKSONVILLE, FL City & State		28 JACKSONVILLE, FLORIDA City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32207 25 DUVAL Zip Country		29 32207 30 DUVAL Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent KILLOUGH, CLAY 5201 ATLANTIC BLVD #293 JACKSONVILLE FL 32207				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLOUGH, CLAY	1.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD #293	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32207	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	VICE PRESIDENT, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLOUGH, STEPHEN	2.2 NAME	STEPHEN KILLOUGH
STREET ADDRESS	11239 WINDTREE DR EAST	2.3 STREET ADDRESS	68 WEST 11TH ST.
CITY- ST- ZIP	JACKSONVILLE FL 32257	2.4 CITY- ST- ZIP	ATLANTIC BEACH, FL 32233
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		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		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: *Clay Killough* CLAY KILLOUGH 3-27-97 904-3987900
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)