

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

APP 10/27/97
AND
FILED

97 OCT 27 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071544

1. Corporation Name
American Association of Business Valuation Specialists

Principal Place of Business
644 Capital Circle NE
Tallahassee, FL 32301

Mailing Address
PO Box 13089
Tallahassee, FL 32317-3089

3. Date Incorporated or Qualified September 15, 1997	3a. Date of Last Report
4. FEI Number 59-3340408	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 644 Capital Circle NE Suite, Apt. #, etc. 22. City & State 23. TALLAHASSEE, FLORIDA Zip 24. 32301	2a. Mailing Address 26. PO Box 13089 Suite, Apt. #, etc. 27. City & State 28. TALLAHASSEE, FLORIDA Zip 29. 32301
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9. Name and Address of Current Registered Agent

Robert S. Rhinehart
644 Capital Circle NE
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81. Name Robert S. Rhinehart	85. Zip Code 32301
82. Street Address (P.O. Box Number is Not Acceptable) 644 Capital Circle NE	
83. City Tallahassee	
84. State FL	

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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  Robert S. Rhinehart, Registered Agent DATE 10/23/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Robert S. Rhinehart 644 Capital Circle NE Tallahassee, FL 32301	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form 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 registered agent or trustee or authorized person 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 in an attachment with an address.

SIGNATURE  Robert S. Rhinehart, Pres. 10/23/97 850-878-3134

CR2E034 (9/96)

pg. 2 of 2

**THE AMERICAN ASSOCIATION OF
BUSINESS VALUATION SPECIALISTS, INC.**

PO Box 13089

Tallahassee, Florida 32317-3089

September 30, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Ma'am:

Please find enclosed my check for \$165.00 for my 1997 Non-Profit Corporation Annual Filing fees. The reason I am late in filing these fees is that I did not receive your first notice; therefore, I was unaware of the actual deadline date. In reviewing the address on the "2nd Notice," I noticed the address was in error. The error in the address may account for the fact that I did not receive the 1st notice.

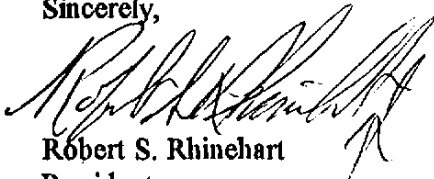
In checking with your Division, I was informed that if I noted these facts in a letter, the actual late filing fee of \$550.00 would be waived so that I would only pay the "1st Notice" filing fee of \$165.00.

According to your files, you have our mailing address at 644 Capital Circle Northeast, PO Box 13089, Tallahassee, Florida 32301. Our correct mailing address is as follows:

PO Box 13089
Tallahassee, Florida 32317-3089

The 644 Capital Circle NE address is for delivery and pick-ups via UPS, FedEx, etc.

Sincerely,



Robert S. Rhinehart
President

RSR/ceg