

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90087 001 ***150.00

DOCUMENT # P95000096642

Corporation Name AMERICAN HERITAGE RELOCATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business SOUTH MAIN STREET FLOOR JACKSONVILLE FL 32207
Mailing Address 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 12/21/1995
4. FEI Number: 59-3358757 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: PRICE, ROBERT J, 815 SOUTH MAIN STREET, 6TH FLOOR, JACKSONVILLE FL 32207
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DC	SUDDATH, STEPHEN M 815 SOUTH MAIN ST. 6TH FLOOR JACKSONVILLE FL 32207	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO	BELL, QUINN A 815 SOUTH MAIN ST. 6TH FLOOR JACKSONVILLE FL 32202	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	VAUGHN, BARRY S 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	PRICE, ROBERT J 815 SOUTH MAIN ST. 6TH FLOOR JACKSONVILLE FL 32202	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	BARNETT, JAMES G 815 SOUTH MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	STRICKLAND, BARBARA S 815 S. MAIN STREET 6TH FLOOR JACKSONVILLE FL 32207	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Price, C.F.O. 4/1/99 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)