

**FILE NOW: FILING FEE AFTER MAX IS \$550.00**

**FILED**  
**Aug 12 1997 8:00am**  
**Secretary of State**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT #** P96000027133  
 1. Corporation Name

**A.H.S. Inc.**

Principal Place of Business  
**11955 S.O.B.T.**  
**Orlando, Fl. 32837**

Mailing Address  
**P.O. Box 450037**  
**Kissimmee, Fl.**  
**34745-0037**

3. Date Incorporated or Qualified **03-22-1996** 3a. Date of Last Report **03-22-1997**

2. Principal Place of Business 21 <b>11955 S.O.B.T.</b>		2a. Mailing Address 26 <b>P.O. Box 450037</b>		4. FEI Number <b>59-3392444</b>		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Kissimmee, Fl.</b>		City & State 28 <b>Kissimmee, Fl.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>32837</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>34745</b>	Country 30 <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**George W. Arnold**  
**11955 S.O.B.T.**  
**Orlando Fl, 32837**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City <b>Kissimmee,</b> FL 85 Zip Code <b>34745</b>	

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 607.0506, Florida Statutes.

SIGNATURE **George W. Arnold** 07/17/97  
Signature: Typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CEO/</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Pres. George W. Arnold</b>		1.2 NAME	
STREET ADDRESS <b>11955 S.O.B.T.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Orlando, Fl. 32837</b>		1.4 CITY-ST-ZIP	
TITLE <b>V.P.</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jimmy D. Hobby</b>		2.2 NAME	
STREET ADDRESS <b>11955 S.O.B.T.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>Orlando, Fl. 32837</b>		2.4 CITY-ST-ZIP	
TITLE <b>V.P.</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John M. Johnson</b>		3.2 NAME	
STREET ADDRESS <b>11955 S.O.B.T.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Orlando, Fl. 32837</b>		3.4 CITY-ST-ZIP	
TITLE <b>Sec.</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Sec/</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Brenda Hilfinger</b>		4.2 NAME <b>Tres. 11955 S.O.B.T.</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>Orlando, Fl. 32837</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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**\*\*\*550.00**

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 liquidator thereof, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this change report in attachment with an address.

SIGNATURE: **George W. Arnold** 07/17/97 (407) 240-9336  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)