

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027133

1. Entity Name

A.H.S., INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90051 017 ***158.75

Principal Place of Business

Mailing Address

11955 S.O.B.T
 KISSIMMEE FL 32837

P.O. BOX 450037
 KISSIMMEE FL 34745-0037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, GEORGE
 11955 SOUTH ORANGE BLOSSOM TRAIL
 ORLANDO FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CEOP**
ARNOLD, GEORGE W
 STREET ADDRESS **11955 S.O.B.T**
 CITY-ST-ZIP **KISSIMMEE FL 32837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
ARNOLD, CINDY M
 STREET ADDRESS **11955 S O.B.T.**
 CITY-ST-ZIP **KISSIMMEE FL 32837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
JOHNSON, JOHN M
 STREET ADDRESS **11955 S.O.B.T**
 CITY-ST-ZIP **KISSIMMEE FL 32837**

TITLE Change Addition
 NAME
 STR
 CIT

TITLE Delete
 NAME **ST**
FLICKINGER, MIRIAM
 STREET ADDRESS **11955 S.O.B.T**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITL
 NAN
 STRI
 CITY

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITL
 NAME
 STREE
 CITY

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

STEWART TITLE
"Enhancing the Real Estate Closing Process"

All information is correct & the same.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #