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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000048377 (1)

1. Corporation Name

AMH RESOURCES, INC.



Principal Place of Business

5100 TOWN CENTER CIRCLE STE 330
BOCA RATON FL 33486

Mailing Address

5100 TOWN CENTER CIRCLE STE 330
BOCA RATON FL 33486-1008

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

Applied for

X 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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E H G RESIDENT AGENTS INC
5100 TOWN CENTER CIRCLE STE 330
BOCA RATON FL 33486

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, typed or printed name of registered agent and title 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
NAME GILBERT, EDWARD H.
STREET ADDRESS 5100 TOWN CENTER CIRCLE, SUITE 330
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (9/96)

LAW OFFICES
GILBERT AND BOMSTEIN
PROFESSIONAL ASSOCIATION

5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON, FLORIDA 33486

TELEPHONE (561) 361-9300
TELEFAX (561) 361-9369
E-MAIL gblaw@aol.com

April 24, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

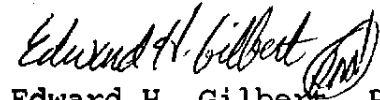
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Ref. No. P96000019508
Ref. No. P96000019512
Ref. No. P95000071795
Ref. No. P95000071799

To Whom It May Concern:

Enclosed please find the above referenced 1997 Profit Corporation Annual Report filings. With regard to Block 4, all forms have been amended by checking the "applied for" box.

Should you require anything further, please do not hesitate to contact the undersigned.

Very truly yours,



Edward H. Gilbert, P.A

EHG:kmn
Encl.