

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUL 21 11 09 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049109 (7)
1. Corporation Name
AMHOME NEW ENGLAND, INC.



Principal Place of Business: 7900 10TH AVENUE SOUTH ST. PETERSBURG FL 33707
Mailing Address: 7900 10TH AVENUE SOUTH ST. PETERSBURG FL 33707-2704

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/07/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-339 2438	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, DANIEL A ESQ. 2700 NORTH MACDILL AVENUE, SUITE 105 TAMPA FL 33607				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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	Sandra M. Vardine	7900 10TH Avenue So	St Petersburg, FL 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	Vincent W. Vardine	7900 10TH Avenue So	St Petersburg, FL 33707	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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****165.00 ****165.00

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 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.

SIGNATURE: _____ DATE: 5/1/97 1800 993 9290

CR2E034 (9/96)