

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000058861 (1) 1. Corporation Name AHAC, INC.			
Principal Place of Business 4324 RIDGEMOOR DRIVE NORTH PALM HARBOR FL 34685		Mailing Address 4324 RIDGEMOOR DRIVE NORTH PALM HARBOR FL 34685	
2. Principal Place of Business 21 1390 GULF BLVD Suite, Apt. #, etc. 22 #1004 City & State 23 Clearwater FL Zip 24 33767 County 25 Pinellas		2a. Mailing Address 26 1390 GULF BLVD Suite, Apt. #, etc. 27 #1004 City & State 28 Clearwater FL Zip 29 33767 County 30 Pinellas	
9. Name and Address of Current Registered Agent COHEN, ALAN H 4324 RIDGEMOOR DR., NORTH PALM HARBOR FL 34685 1390 GULF BLVD #1004 Clearwater FL 33767			
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			
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] DATE: 1/12/97 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS TITLE PSD NAME COHEN, ALAN H STREET ADDRESS 4324 RIDGEMOOR DRIVE NORTH CITY-ST-ZIP PALM HARBOR FL 34685 [X] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PSD 1.2 NAME COHEN, ALAN H 1.3 STREET ADDRESS 1390 GULF BLVD #1004 1.4 CITY-ST-ZIP Clearwater FL 33767-28 [X] Change [] Add 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition [] Addition [] Addition [] Addition [] Addition			
14. 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; the 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: [Signature] DATE: 1/12/97 813-517- [] Information at I am an [] bears in []			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

59-3395386

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/12/97

12. OFFICERS AND DIRECTORS

TITLE PSD

NAME COHEN, ALAN H

STREET ADDRESS ~~4324 RIDGEMOOR DRIVE NORTH~~

CITY-ST-ZIP ~~PALM HARBOR FL 34685~~

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD

1.2 NAME COHEN, ALAN H

1.3 STREET ADDRESS 1390 GULF BLVD #1004

1.4 CITY-ST-ZIP Clearwater FL 33767-28

[X] Change [] Add

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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3.2 NAME

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4.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

[] Change

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Information at I am an [] bears in []

CR2E034 (10/97)