

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069648 (9)

1. Corporation Name
AMERICAN CORPORATE INVESTMENTS OF NORTHWEST FLORIDA, INC.

Principal Place of Business 421 BAY OAK DRIVE PENSACOLA FL 32506	Mailing Address PO BOX 34254 PENSACOLA FL 32507
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8200 98 W	26	27 P.O. BOX 34254		08/19/1996	
Suite, Apt. #, etc. 22 F-179		Suite, Apt. #, etc. 27		4. FEI Number	
City & State 23 PENSACOLA FL		City & State 28 PENSACOLA FLA		59-3406132	
24 32506	25 USA	29 32506	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ASHCRAFT, RANDY 421 BAY OAK DRIVE PENSACOLA FL 32506				81 Name ASHCRAFT, RANDY	
				82 Street Address (P.O. Box Number is Not Acceptable) 8200 98 W F-179	
				83	
				84 City PENSACOLA FL 85 Zip Code 32506	
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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ASHCRAFT, RANDY	1.2 NAME	ASHCRAFT, RANDY
STREET ADDRESS	421 BAY OAK DRIVE	1.3 STREET ADDRESS	8200 98 W F 179
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	VPSD	2.1 TITLE	VPSD
NAME	ASHCRAFT, LISA M	2.2 NAME	ASHCRAFT, LISA M
STREET ADDRESS	421 BAY OAK DRIVE	2.3 STREET ADDRESS	8200 98 W F 179
CITY-ST-ZIP	PENSACOLA FL 32506	2.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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: *Lisa M. Ashcraft* 4-29-98 380-8190

CR2E034 (10/97)