

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000073941 (1)

1. Corporation Name

AMERICORP FINANCIAL ENTERPRISES, INC.



Principal Place of Business

102 N.E. 2ND STREET  
SUITE 310  
BOCA RATON FL 33432

Mailing Address

102 N.E. 2ND STREET  
SUITE 310  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0776327

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

2. Principal Place of Business

21 3700 N/W 124th Ave.

Suite, Apt. #, etc.

22 Suite 135

City & State

23 Coral Sp. Fl.

Zip

24 33065

Country

25 Broward

2a. Mailing Address

26

Suite, Apt. #, etc.

27 SAME

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JENZANO, HARRY J JR.  
3840 N. FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

Philip Pestrichello

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

12020 N/W 62nd Ct.

83

84 City

Coral Sp.

FL

85 Zip Code

33076

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, 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 607.0506, Florida Statutes.

SIGNATURE

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

(Not for Registered Agent signature required when reinstating)

DATE

May 4, 98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 supplementary 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 authorized officer 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 in an attachment with an address.

SIGNATURE

Philip Pestrichello

901-345-3771

CR2E034 (10/97)