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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

LAND O LAKES FL 34639

2. Principal Place of Business

OCUMENT# P9800017 Corporation Name

AMERICAN HOMEBUYERS, INC. 1. Corporation Name

Principal Place of Business 25316 TRADEWINDS DRIVE

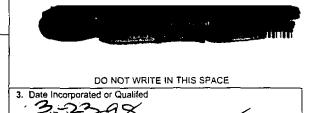
Mailing Address

2a. Mailing Address

25316 TRADEWINDS DRIVE LAND O LAKES FL 34639

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90060 021 ***158.75



4. FEI Number

Applied For

21		26		.	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
<i>Z</i> ip	Country	Zip	Country	8. This corporation owes the current year I	~ /	
24	25	29 30		Personal Property Tax.	Yes Mo	
Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered	1 Agent	
MURPHY, D.E.			Name			
25316 TRADEWINDS DRIVE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
LAND O LAKES FL 34639						
DAM 0 DAM 5 1 2 04003			83		1	
			84 City		85 Zip Code	
				F1		
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 beth, 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.						
agent. I am familiar John, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE A JUNNA D.E. MURPHY 4-26-99						
Signapule, Typed of prifiled name of registered agent applicable. [NOTE: Registered Agent signature required when reinstating] OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
ĺ	MURPHY, DAVID	בן טבנבונ	12 NAME		C distrige C 1.00m2x	
MAME	25316 TRADEWINDS DRIVE		- I			
STREET ADDRESS			1.3 STREET ADDRESS		}	
CITY-ST-ZIP	LAND O LAKES FL 34639	C) DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE		C) beceig			Clarido Director	
NAME	MURPHY, NENA A 25316 TRADEWINDS DRIVE		22 NAME		1	
STREET ADDRESS			2.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	LAND O LAKES FL 34639	() DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE		C) octobe	3.1 IIILE		C cusude C variation	
NAME			3.3 STREET ADDRESS			
STREET ADDRESS				•	1	
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME			4.2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS			
1			4.4 CITY-ST-ZIP		ļ	
TITLE		DELETE	5.1 TRLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP		*	
TITLE		☐ DELETE	6.1 MLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ļ	
14. I hereby c	ertify that the information supplied with	this filing does not qualify for th	e exemption stated in S	section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information	

near annual report is trife and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in tachment with an andress, with all other like empowered. indicated on this annual report officer or director of the corpora Block 12 or Block 13 if chapter

SIGNATURE: