


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # S05905 (2)

1. Corporation Name
AMERICAN REAL ESTATE NETWORK, INC.

Principal Place of Business 205 EAST JOEL BOULEVARD LEHIGH ACRES FL 33936	Mailing Address 205 EAST JOEL BOULEVARD LEHIGH ACRES FL 33936
---	---

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 10/15/1990	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0225364	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLEMING, JAMES P
205 EAST JOEL BLVD.
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPSD
NAME	FLEMING, JAMES P
STREET ADDRESS	205 E. JOEL BLVD.
CITY - ST - ZIP	LEHIGH ACRES FL 33936
TITLE	T
NAME	WESNER, MARLIS
STREET ADDRESS	205 E. JOEL BLVD.
CITY - ST - ZIP	LEHIGH ACRES FL 33936
TITLE	D
NAME	LIVINGSTON, WILLIAM I
STREET ADDRESS	205 E. JOEL BLVD.
CITY - ST - ZIP	LEHIGH ACRES FL 33936
TITLE	D
NAME	HOLQUIST, LAURA A
STREET ADDRESS	201 E JOEL BLVD
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	D
NAME	FORTANA, JAMES G
STREET ADDRESS	205 E. JOEL BLVD.
CITY - ST - ZIP	LEHIGH ACRES FL 33936
TITLE	D
NAME	WHYTE, W. DON
STREET ADDRESS	205 E. JOEL BLVD.
CITY - ST - ZIP	LEHIGH ACRES FL 33936

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleming, James P.	
1.3 STREET ADDRESS	205 E. Joel Blvd.	
1.4 CITY - ST - ZIP	Lehigh Acres, FL 33936	
2.1 TITLE	S/V /D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mitrani, Lazaro E.	
2.3 STREET ADDRESS	205 E. Joel Blvd.	
2.4 CITY - ST - ZIP	Lehigh Acres, FL 33936	
3.1 TITLE	T/V /D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wesner, Marlis	
3.3 STREET ADDRESS	205 E. Joel Blvd.	
3.4 CITY - ST - ZIP	Lehigh Acres, FL 33936	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(a), Florida Statutes. I further certify that the information contained on this annual report or supplemental periodic 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:  **James P. Fleming** Jan. 16, 1995 813/368-6080
Signature and typed or printed name of signing officer or director (Date) (Anytime Between 8)