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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date Incorporated or Qualified: **10/15/1990**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0225364**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**FLEMING, JAMES P
x205 EAST JOEL BLVD. (201 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
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SPD	<input type="checkbox"/> DELETE
NAME	FLEMING, JAMES P	
STREET ADDRESS	x205 E. JOEL BLVD. (201)	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	MITRANI, LAZARO E	
STREET ADDRESS	205 E. JOEL BLVD.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	TVD	<input checked="" type="checkbox"/> DELETE
NAME	WESNER, MARLIS	
STREET ADDRESS	205 E. JOEL BLVD.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLQUIST, LAURA A	
STREET ADDRESS	201 E JOEL BLVD	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORTANA, JAMES G	
STREET ADDRESS	205 E. JOEL BLVD.	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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

11 TITLE	SPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	201 East Joel Blvd.	
14 CITY - ST - ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 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 of changed information for all without exception.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96 941/368-6080

CR2E034 (12/95)