

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V16452** (7)  
1. Corporation Name  
**AMERICAN HOMEBUILDERS, INC.**



Principal Place of Business: **8535-28 BAYMEADOWS RD. JACKSONVILLE FL 32256**  
Mailing Address: **8535-28 BAYMEADOWS RD. JACKSONVILLE FL 32256**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/24/1992</b>	3a. Date of Last Report <b>05/24/1995</b>
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number <b>59-3127110</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SHEFFIELD, J. HOWARD 4209 BAYMEADOWS RD., STE. 4 JACKSONVILLE FL 32217</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1. TITLE	2. NAME	3. STREET ADDRESS
PD	HALIL, DONALD W JR.	4439 BARNABY DR. JACKSONVILLE FL 32217	14 CITY- ST- ZIP		
TITLE	NAME	STREET ADDRESS	4. TITLE	5. NAME	6. STREET ADDRESS
CBO	OLIVER, HOWARD	2745 LASDOWNE DR. MONTGOMERY AL	24 CITY- ST- ZIP		
TITLE	NAME	STREET ADDRESS	4. TITLE	5. NAME	6. STREET ADDRESS
D	OWENS, PAUL D JR.	315 BELLEVILLE AVE. BREWTON AL 36426	34 CITY- ST- ZIP		
TITLE	NAME	STREET ADDRESS	4. TITLE	5. NAME	6. STREET ADDRESS
VST	SCOTT, M. CRAIG	8535-28 BAYMEADOWS RD. JACKSONVILLE FL 32256	44 CITY- ST- ZIP		
TITLE	NAME	STREET ADDRESS	5. TITLE	6. NAME	7. STREET ADDRESS
D	MONTGOMERY, MITCHELL	9000 REGENCY SQUARE BLVD., #201 JACKSONVILLE FL 32211	54 CITY- ST- ZIP		
TITLE	NAME	STREET ADDRESS	6. TITLE	7. NAME	8. STREET ADDRESS
AS	SIGLER, ELLEN F	8535-25 BAYMEADOWS RD JACKSONVILLE FL	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 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 or Block 14 or on an attachment with an address.

SIGNATURE: *M. Scott* 1-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)