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Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32256-7445

3. Date Incorporated or Qualified: 02/24/1992  
3a. Date of Last Report: 01/26/1996  
4. FEI Number: 59-3127110  
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: [X] Yes [ ] No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
SHEFFIELD, J. HOWARD  
4209 BAYMEADOWS RD., STE. 4  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: HALIL, DONALD W JR.  
STREET ADDRESS: 4439 BARNABY DR.  
CITY-ST-ZIP: JACKSONVILLE FL 32217  
[ ] DELETE  
TITLE: CBD  
NAME: OLIVER, HOWARD  
STREET ADDRESS: 2745 LASDOWNE DR.  
CITY-ST-ZIP: MONTGOMERY AL  
[ ] DELETE  
TITLE: D  
NAME: OWENS, PAUL D JR.  
STREET ADDRESS: 315 BELLEVILLE AVE.  
CITY-ST-ZIP: BREWTON AL 36426  
[ ] DELETE  
TITLE: VST  
NAME: SCOTT, M. CRAIG  
STREET ADDRESS: 8535-28 BAYMEADOWS RD.  
CITY-ST-ZIP: JACKSONVILLE FL 32256  
[ ] DELETE  
TITLE: D  
NAME: MONTGOMERY, MITCHELL  
STREET ADDRESS: 9000 REGENCY SQUARE BLVD., #201  
CITY-ST-ZIP: JACKSONVILLE FL 32211  
[ ] DELETE  
TITLE: AS  
NAME: SIGLER, ELLEN F  
STREET ADDRESS: 8535-25 BAYMEADOWS RD  
CITY-ST-ZIP: JACKSONVILLE FL  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 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 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 a 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, with an address.

SIGNATURE: [Signature] (904) 448-1144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)