

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1992	
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number 59-3127110	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Zip		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHEFFIELD, J. HOWARD 4209 BAYMEADOWS RD., STE. 4 JACKSONVILLE FL 32217				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIL, DONALD W JR.	1.2 NAME	
STREET ADDRESS	4439 BARNABY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	
TITLE	CBD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, HOWARD	2.2 NAME	
STREET ADDRESS	2745 LASDOWNE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, PAUL D JR.	3.2 NAME	
STREET ADDRESS	315 BELLEVILLE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BREWTON AL 36426	3.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, M. CRAIG	4.2 NAME	
STREET ADDRESS	8535-28 BAYMEADOWS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, MITCHELL	5.2 NAME	
STREET ADDRESS	9000 REGENCY SQUARE BLVD., #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLER, ELLEN F	6.2 NAME	
STREET ADDRESS	8535-25 BAYMEADOWS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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 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 a new address.

SIGNATURE: _____ (4-3-98 (904) 448-1144)

CR2E034 (10/97)