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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072665 (8)

## **FILED** Mar 23 1998 8:00am Secretary of State

AMC P	UBLISHING, INC.		_			
Principal Place	e of Business	Mailing Address			a include in in inter active and it and it and it	LARER TIMIN BOILD ONE MELL LARI
620 LAKEVIEW ROAD CLEARWATER FL 34616  620 LAKEVIEW ROAD CLEARWATER FL 34616					DO NOT WRITE IN TH	IS SPACE
i					3. Date Incorporated or Qualified	
					09/03/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					75-2343991	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			i.		5. Certificate of Status Desired	\$8.75 Additional
City & State	n	Cdv 8 State				Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z(p)	Countr	·v	This corporation owes or has paid the	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current				10. Name and Address of New Registers	
SK	ALSKI, JOSEPH C ESQ.		8.	Name		
4500 140TH AVENUE NO. STE 214 CLEARWATER FL 34822			6:	Street Addi	ress (P.O. Box Number is Not Acceptable)	
, , , , , , , , , , , , , , , , , , ,			83	3		
			84	1 City		■ 85 Zip Code
			6.	City	F	L 85 Zip Code
11. Pursuant to office or reagent if a	to the provisions of Sections 607.050/ egistered agont, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida S of Florida: Such change s alions of, Section 607.050	Statutes, the above was authorized b 5, Florida Statute	ve-named corporates.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
	Signature: Typed or pended name of registered ages OFFICERS AND		(NOTE Registered As	geal signature requir		
12.	PTD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SLAUGHTER, DAVID B		1,2 NAME			,-
STREET ADDRESS	620 LAKEVIEW ROAD	1.3 STHEET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34616		1,4 CITY-			
TITLE	SD	DELETE 2				☐ Change ☐ Addition
NAME	SLAUGHTER, BENNETTA					
STREET ADDRESS	620 LAKEVIEW ROAD		2 3 STREE	ET ADDRESS		
CITY-S1-ZIP	CLEARWATER FL 34616			- ST- ZIP		
TITLE	VD	Detere				Change Addition
NAME	SCHAFFNER, JEFF L		3 2 NAME	i		
STREET ADDRESS	620 LAKEVIEW ROAD			T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616	PER PL 34616		-ST-ZIP		Change Addition
TITLE						
NAME CTREET ADORCES			4. 2 NAMI			
STREET ADDRESS CITY - ST - ZIP			4.3 STREE 4.4 CITY -	T ADDRESS		
TITLE	<del></del>	DELETE				Change Addition
NAME		<del></del>	5.2 NAME			_ • •
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-			
TITLE		DELETE				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I hereby of indicated	certify that the information supplied wi on this annual report or supplementa	th this filing does not qual Lannual report is true and	tlify for the exemit accurate and the	ption stated in hat my signatu	Section 119.07(3)(i), Florida Statutes. I further ire shall have the same legal effect as if made	certify that the information under eath; that I am an

report as required by Chapter 607, Florida Statutes; and that my name appears in