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**Apr 18 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 # P96000092386 (7)

1. Corporation Name
AMI-AMERICAN MOTORCARS, INC.



Principal Place of Business
**613 L'HOMMEDIEU STREET
LEHIGH ACRES FL 33936**

Mailing Address
**613 L'HOMMEDIEU STREET
LEHIGH ACRES FL 33936-7527**

3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last Report
4. FEI Number 65-0708966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1305 Homestead Rd.	26
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc.
22	27
City & State Lehigh Acres FL	City & State
23	28
Zip 33936	Country Lee
24	25
Country Lee	Zip
29	30

9. Name and Address of Current Registered Agent
**PFUNER, HEINZ S
613 L'HOMMEDIEU STREET
LEHIGH ACRES FL 33936**

81 Name	10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PFUNER, JOHANN		1.2 NAME	
STREET ADDRESS 613 L'HOMMEDIEU STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP LEHIGH ACRES FL 33936		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	President, Director, Secr.
STREET ADDRESS		2.3 STREET ADDRESS	KNOLL Alexander
CITY - ST - ZIP		2.4 CITY - ST - ZIP	613 L'Hommedieu Str. Lehigh-Acres FL 33936
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice-President, Director, Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	KNOLL Karl
CITY - ST - ZIP		3.4 CITY - ST - ZIP	613 L'Hommedieu Str. Lehigh-Acres FL 33936
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 an address.

SIGNATURE: _____ **4/9/97** **PR 368 8389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0407040

CFR2034 (9/96)