

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

FILED
May 19 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P97000009291 (0)

1. Corporation Name
AM-KART, INC.



Principal Place of Business

Mailing Address

**530 READ CIRCLE
 ST CLOUD FL 34772**

**530 READ CIRCLE
 ST CLOUD FL 34772**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3434940

Applied For
 Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **7551 CURRENCY DR.**

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO, FL**

24 Zip **32809**

25 Country **USA**

2a. Mailing Address

26 **7551 CURRENCY DR.**

Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FL**

29 Zip **32809**

30 Country **USA**

9. Name and Address of Current Registered Agent

**CLARK, ROBERT
 530 READ CIRCLE
 ST CLOUD FL 34772**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7551 CURRENCY DR.

83

84 City

ORLANDO

85 State

86 Zip Code

FL 32809

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 607.0905, Florida Statutes.

SIGNATURE **ROBERT CLARK**

Signature, typed or printed name of registered agent and title, if applicable

Signature of Registered Agent signature required when reinstating

4/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **CLARK, ROBERT R**
 STREET ADDRESS **530 READ CIRCLE**
 CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **D** DELETE
 NAME **CRUMB, PETER W**
 STREET ADDRESS **530 READ CIRCLE**
 CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
 1.2 NAME **CLARK, ROBERT**
 1.3 STREET ADDRESS **7551 CURRENCY DR.**
 1.4 CITY-ST-ZIP **ORLANDO FL 32809**

2.1 TITLE **D** Change Addition
 2.2 NAME **CRUMB, PETER W.**
 2.3 STREET ADDRESS **7551 CURRENCY DR.**
 2.4 CITY-ST-ZIP **ORLANDO, FL 32809**

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 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.

CP2E034 (10/97)