

PROFIT CORPORATION ANNUAL REPORT 1996



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

1. Corporation Name

ASSOCIATED MARKETING SERVICES, INTERNATIONAL, IN
C.



Principal Place of Business

Mailing Address

1701 ROGERO RD
PO BOX 8821
JACKSONVILLE FL 32211

1701 ROGERO RD
PO BOX 8821
JACKSONVILLE FL 32211

2. Principal Place of Business

2a. Main Address

21 Suite, Apt. #, etc.

Sutton, A.M. & al.

22 _____
City & State _____

Cox & Snell's

23 Zip _____ Country _____

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9. Name and Address of Current Registered Agent

BOGNER, JOSEPH O.
3848 TIMUCUA TRAIL
JACKSONVILLE FL 32211

81 N. 2016

82	Street Address (P.O. Box Number is Not Acceptable)
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84	City
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FL	85	Zin Code
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11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation's subjects 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 607.0605, Florida Statutes.

SIGNATURE

* Support is provided to the extent possible by the Department of Education.

$$d\mathcal{H}^1(\gamma) = \sqrt{1 + \langle \dot{\gamma}, \dot{\gamma} \rangle} dt = \sqrt{1 + \langle \dot{\gamma}, \dot{\gamma} \rangle} \sqrt{1 + \langle \dot{\gamma}, \dot{\gamma} \rangle} dt = \langle \dot{\gamma}, \dot{\gamma} \rangle dt = |\dot{\gamma}|^2 dt.$$

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12 OFFICERS AND DIRECTIONS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add on

TITLE	PD
NAME	BOGNER, JOSEPH O.
STREET ADDRESS	3848 TIMUCUA TRAIL
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	STD
NAME	BOGNER, SUSAN JEAN
STREET ADDRESS	3848 TIMUCUA TRAIL
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	TURNER, LARRY LEE
STREET ADDRESS	9155 PRESTWICK CLUB DR.
CITY - ST - ZIP	DULUTH GA
TITLE	D
NAME	TURNER, KATHALEEN A.
STREET ADDRESS	9155 PRESTWICK CLUB DR.
CITY - ST - ZIP	DULUTH GA
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3. Florida Statutes. I further

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN BAKER

3/7/96 904-744-9261

CR2E034 (12/95)