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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 526347 (0)

1. Corporation Name
ADVANCED MARKETING SOUTHEAST, INC.



Principal Place of Business

6170 S.E. 5TH PLACE
OCALA FL 34472
US

Mailing Address

6170 S.E. 5TH PLACE
OCALA FL 34472-7819
US

3. Date Incorporated or Qualified 02/22/1977	3a. Date of Last Report 01/24/1996
4. FEI Number 59-1738314	Applied For 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 21 2412 SE. 27 STREET Suite, Apt. #, etc.	2a. Mailing Address 26 2412 SE. 27 STREET Suite, Apt. #, etc.
22 City & State 23 OCALA, FL	27 City & State 28 OCALA, FL
24 Zip 34471-0703	29 Zip 34471-0703
25 Country USA	30 Country USA

g. Name and Address of Current Registered Agent

TROW, CHESTER
7 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FYE, JOHN	
STREET ADDRESS	6170 S.E. 5TH PLACE	
CITY - ST - ZIP	OCALA FL	
TITLE	VT	DELETE
NAME	FISHER, TOM	
STREET ADDRESS	10119 HAMPTON PL.	
CITY - ST - ZIP	TAMPA, FL	
TITLE	S	DELETE
NAME	ARCHER, GEORGE	
STREET ADDRESS	228 BRIAR CREEK RD.	
CITY - ST - ZIP	GREER SC	
TITLE	V	DELETE
NAME	MOULTON, LAWRENCE	
STREET ADDRESS	2113 N.E. 49TH STREET	
CITY - ST - ZIP	OCALA FL	
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	P	Change	Addition
1.2 NAME	FYE, JOHN		
1.3 STREET ADDRESS	2412 SE. 27 STREET		
1.4 CITY - ST - ZIP	OCALA, FL 34471-0703		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Fye, Pres.

Date

Daytime Phone #

352/690-7301

0441284

CR2E034 (9/96)