

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

FILED
Jan 15 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 # 526347 (0)
1. Corporation Name
ADVANCED MARKETING SOUTHEAST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2412 SE 27 STREET OCALA FL 34471-0703 US		2412 SE 27 STREET OCALA FL 34471-0703 US	
2. Principal Place of Business		2a. Mailing Address	
21 2412 S.E. 27 STREET Suite, Apt. #, etc.		26 2412 S.E. 27 STREET Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 OCALA, FL		28 OCALA, FL	
24 Zip Country		29 Zip Country	
24 34471-0703 25 USA		29 34471-0703 30 USA	

3. Date Incorporated or Qualified	
02/22/1977	
4. FEI Number	Applied For
59-1738314	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TROW, CHESTER 7 EAST SILVER SPRINGS BLVD. OCALA FL 34470		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYE, JOHN	1.2 NAME	
STREET ADDRESS	2412 SE 27 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, TOM	2.2 NAME	
STREET ADDRESS	10119 HAMPTON PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER, GEORGE	3.2 NAME	
STREET ADDRESS	228 BRIAR CREEK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOULTON, LAWRENCE	4.2 NAME	
STREET ADDRESS	2113 N.E. 49TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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] J. E. ... 12 23 ... 10 23 ...

CR2E034 (10/97)