

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 526352 (0)

1. Corporation Name  
**AMJ, INC. OF GAINESVILLE**



Principal Place of Business: 1202 NW 9TH AVENUE GAINESVILLE FL 32601  
Mailing Address: 1202 NW 9TH AVENUE GAINESVILLE FL 32601

2. Principal Place of Business: 21 502 NW 16th Avenue  
22 Suite, Apt. #, etc.  
23 Gainesville FL  
24 Zip 32601  
25 Country USA  
2a. Mailing Address: 26 502 NW 16th Avenue  
27 Suite, Apt. #, etc.  
28 Gainesville, FL  
29 Zip 32601  
30 Country USA

3. Date Incorporated or Qualified: 02/22/1977  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1724664  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WARREN, MICHAEL E  
1202 NW 9TH AVENUE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name: Michael E. Warren  
82 Street Address (P.O. Box Number is Not Acceptable): 502 NW 16th Avenue  
83  
84 City: Gainesville, FL  
85 Zip Code: 32601

11. Pursuant to the provisions of Sections 607.02 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 607.0501, Florida Statutes.

SIGNATURE: *Michael E. Warren* DATE: 4/14/96

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | TD                     | <input type="checkbox"/> DELETE |
| NAME           | WARREN, PHYLLIS P.     |                                 |
| STREET ADDRESS | 1202 NW 9TH AVENUE     |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL         |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | WARREN, MICHAEL E.     |                                 |
| STREET ADDRESS | 1202 NW 9TH AVENUE     |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL         |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | WARREN, NATHAN C.      |                                 |
| STREET ADDRESS | 2629 BLUE SAGE AVENUE  |                                 |
| CITY-ST-ZIP    | COCONUT CREEK FL 33063 |                                 |
| TITLE          | S                      | <input type="checkbox"/> DELETE |
| NAME           | RAPPORT, J. D.         |                                 |
| STREET ADDRESS | 4141 N.W. 34TH DRIVE   |                                 |
| CITY-ST-ZIP    | GAINESVILLE FL         |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | TD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Phyllis P. Warren     |  |
| 1.3 STREET ADDRESS | 502 NW 16th Avenue    |  |
| 1.4 CITY-ST-ZIP    | Gainesville, FL 32601 |  |
| 2.1 TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Michael E. Warren     |  |
| 2.3 STREET ADDRESS | 502 NW 16th Avenue    |  |
| 2.4 CITY-ST-ZIP    | Gainesville, FL 32601 |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael E. Warren* President DATE: 4/14/96 Chapter # Phone #: 352-375-4600

CR2E034 (12/95)