

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 526352 (0)**

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



Principal Place of Business <b>502 NW 16TH AVENUE                  GAINESVILLE FL 32601                  US</b>	Mailing Address <b>502 NW 16TH AVENUE                  GAINESVILLE FL 32601                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/22/1977</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		2a		4. FEI Number <b>59-1724664</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		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			
<b>WARREN, MICHAEL E                  502 NW 16TH AVENUE                  GAINESVILLE FL 32601</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARREN, PHYLLIS P.</b>			1.2 NAME			
STREET ADDRESS	<b>502 NW 16TH AVENUE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARREN, MICHAEL E.</b>			2.2 NAME			
STREET ADDRESS	<b>502 NW 16TH AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARREN, NATHAN C.</b>			3.2 NAME			
STREET ADDRESS	<b>2829 BLUE SAGE AVENUE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>COCONUT CREEK FL 33083</b>			3.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RAPPART, J. D.</b>			4.2 NAME	<b>ROMANS, RICHARD</b>		
STREET ADDRESS	<b>4141 N.W. 34TH DRIVE</b>			4.3 STREET ADDRESS	<b>7525 NW 38th Place</b>		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			4.4 CITY-ST-ZIP	<b>Gainesville, FL 32606</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUCHANAN, SCOTT</b>			5.2 NAME			
STREET ADDRESS	<b>3744 SW 56TH RD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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: *Michael E. Warren* 3/18/98 302-375-4600

CR2E034 (10/97)