FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856454** **(4)**

1. Corporation Name

~~ASSOCIATION FOR MULTI-IMAGE INTERNATIONAL, INC~~

Association for Multi-media International, Inc

Principal Place of Business	Mailing Address
10008 N. DALE MABRY HWY STE 113 TAMPA FL 33618-424 US	10008 N. DALE MABRY HWY STE 113 TAMPA FL 33618-424 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 23-7408779 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

KETCHEY, CHARLES F JR
100 N TAMPA ST
STE 1900
TAMPA FL 33602-5126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 600001459776
-04/19/95--01006--001
83 ****138.75 ****138.75
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VPD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	BURKE, KEN	12 NAME		
STREET ADDRESS	5000 MACARTHUR BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND CA	14 CITY-ST-ZIP		
TITLE	STED	21 TITLE		☐ Change ☐ Addition
NAME	KULP, MARILYN	22 NAME		
STREET ADDRESS	10008 N DALE MABRY HWY 113	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	~~PD~~	31 TITLE	VPD	☒ Change ☐ Addition
NAME	DUCHARME, DENNIS	32 NAME		
STREET ADDRESS	PO BOX 109600 MS 717-54	33 STREET ADDRESS	6268 Wood Lake Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	Jupiter Fl 33458	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

BPT 4/18

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn J. Kulp 4-10-95 813/960-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marilyn J. Kulp

0084908