

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 856454 (4)
1. Corporation Name
ASSOCIATION FOR MULTIMEDIA INTERNATIONAL, INC.



Principal Place of Business

10008 N. DALE MABRY HWY
STE 113
TAMPA FL 33618-424
US

Mailing Address

10008 N. DALE MABRY HWY
STE 113
TAMPA FL 33618-424
US

3. Date Incorporated or Qualified
05/16/1983

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 10006 N Dale Mabry Hwy

2a. Mailing Address

26 10006 N Dale Mabry Hwy

Suite, Apt. #, etc.

22 204

Suite, Apt. #, etc.

27 204

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33618-4424

Country

25 USA

Zip

29 33618-4424

Country

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, 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 PD
NAME BURKE, KEN
STREET ADDRESS 5000 MACARTHUR BLVD.
CITY-ST-ZIP OAKLAND CA

☒ DELETE

TITLE STED
NAME KULP, MARILYN
STREET ADDRESS 10008 N DALE MABRY HWY 113
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VPO
NAME DUCHARME, DENNIS
STREET ADDRESS 6268 WOOD LAKE DR
CITY-ST-ZIP JUPITER FL 33458

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/T/D

10006 N Dale Mabry Hwy #204
Tampa FL 33618-4424

6268 Wood Lake Road
JUPITER, FL 33458

VPO
Lee, Brien
759 N Milwaukee St. #522
Milwaukee, WI 53202

800001007058
-05/06/96--01008--003
***70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #

813/960-1692

CR2E037 (12/95)