**FILE NOW: FILING FEE IS \$61.25** 

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997





## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856454

## ASSOCIATION FOR MULTI-MEDIA INTERNATIONAL, INC.

| Principal Place of Business Mailing Address                     |   |   |                           |                                  | L BOBINI INDO BAND DANK DINK DINK DINK  | 8   8   8   8   8   8   8   8   8   8                                  |
|---|---|---|---------------------------|----------------------------------|---|--|
| 10006 N. DALE MABRY HWY<br>STE 204<br>Tampa Fl 33618-4424<br>US |   | 10006 N. DALE MABRY HWY<br>STE 204<br>Tampa Fl 33618-4422<br>US |                           | Date Incorporated or Qualified   | 3a. Date of Last Report   |  |
|   | <u></u>   |   |                           |                                  | 05/16/1983  | 05/04/1996   |
| 2. Principal Place of Business                                  |   | 2a. Mailing Address   |                           | 4. FEt Number 23-7408779         | Applied For   |  |
| 21 Sulte, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                           | 201400110                        | Not Applicable  |  |
| 22  |   | 27  |                           | 5. Certificate of Status Desired | \$8.75 Additional Fee Required  |  |
| City & State  |   | City & State  |                           | 6. Election Campaign Financing   | \$5.00 May Be   |  |
| 23  |   | 28  |                           | Trust Fund Contribution          | Added to Fees   |  |
| Zip   | Country   | Zip   | Country                   | •                                | 8. This corporation has trability for   | _ `  |
| 24]   | 25  <br>9. Name and Address of Curre              | 29<br>ont Registered Agent                                      | 30                        |                                  | Florida Statutes  10. Name and Address of New Re                                      | Yes No   |
| 81 Name   |   |   |                           |                                  | 10. Numb and Addiess Of Non Inc   | gistorou Agent   |
| * KETCHE  | Y, CHARLES F JR                                   |   | 82                        | 01-1-1-1                         | // /00 PN   | 1.   |
| , 100 N TAMPA ST  |   |   | 02                        | Street At                        | ddress (P.O. Box Number is Not Acceptal   | oie)   |
| \$ STE 1900 •   |   | 83  |                           |                                  |   |  |
| tampa f   | FL 33602-5126                                     |   | 84                        | City                             |   | 85 Zip Code  |
| 44 Discount   | a the manufacture of Conditions 647.05            | 00 1 047 4500 511-0   |                           |                                  |   | FL   |
| office or re  | egistered agent, or both, in the Stat             | e of Horida. Such change was                                    | s`authorized by           | the corpo                        | orporation submits this statement for the pration's board of directors. I hereby acce | ourpose of changing its registered<br>pt the appointment as registered |
| _   | m familiar with, and accept the obliq             | gations of, Section 617.0503, I                                 | Florida Statutes          | <b>3.</b>                        |   |  |
| SIGNATURE _   | Signature, typed or printed name of registered ap | gent and little if applicable (N                                | OTE: Registered Age       | int signature re                 | quired when reinstating)  | DATE   |
| 12.   |   | ND DIRECTORS  | 13.                       |                                  | ADDITIONS/CHANGES TO OFFICE   | CERS AND DIRECTORS IN 12   |
| TITLE   | VD  | DELETE  | 1 1 TOTLE                 |                                  | TD  | Change Addition  |
| NAME  | LEE, BRIEN  |   | 1.2 NAME                  |                                  | BRIEN LEE   | - # -  |
| STREET ADDRESS  | 759 N. MILWAUKEE ST., #5                          | 22  | 1.3 STREET                |                                  | 759 N. MILWAUKETE   |  |
| CITY-ST-ZIP<br>TITLE  | MILWAUKEE WI 53202<br>STED                        | DELETE  | 1.4 CiTY-S                | T-ZIP                            | MILWAUKEE, WIS  |  |
| NAME  | KULP, MARILYN                                     |   | 21 TITLE                  |                                  | 5   | Change   |
| STREET ADDRESS  | 10006 N DALE MABRY HWY                            | 204   | 2.3 STREET                | ADDDEEC                          | MARILYN KULP<br>10006 N BALL MABRY  | 4WV #204   |
| City-St-ZiP   | TAMPA FL 33618-4424                               | £01   | 2.4 CITY-5                | 1.7/P                            | MMPA, FL 33618-   | 4424   |
| TITLE   | VPD   | DELETE  | 3.1 THLE                  |                                  | D   | Change 🔀 Addition  |
| NAME  | DUCHARME, DENNIS                                  |   | 3.2 NAME                  |                                  | Tim Combs   | _  |
| STREET ADDRESS  | 6268 WOOD LAKE RD                                 |   | 3.3 STREET                | ADDRESS                          | 1880 Campus Comm  | ions Dr.   |
| CITY-ST-ZIP   | JUPITER FL 33458                                  |   | 3.4. C(TY - 9             | ST-ZIP                           | Beston VA 2209  | 1  |
| TITLE   |   | ☐ DELETE  | 4.1 TITLE                 |                                  | VD - Classical Science  | ☐ Change Addition  |
| NAME  |   |   | 4. 2 NAME                 | /                                | yark steinhobely  | 4  |
| STREET ADDRESS  |   |   | 4.3 STREET                | ADDRESS                          | Yark Steinhobel<br>Po Box 68781 NII<br>Bryanston 2021 S                               | 3 10 m   |
| CITY-ST-ZIP<br>TITLE  |   | DELFTE  | 4.4 CITY - S<br>5.1 TITLE | T-ZIP                            | oryanston Judi 13   | Change Addition  |
| NAME  |   |   | 5.2 NAME                  |                                  | ·   | C Shange C Addenon   |
| STREET ADDRESS  |   | ·   | 5.3 STREET                | ADDRESS                          |   |  |
| CITY-ST-ZIP   |   |   | 5.4 CITY-S                |                                  |   |  |
| TITLE   |   | ☐ DELETE  | 6.1 TITLE                 |                                  |   | ☐ Change ☐ Addition  |
| NAME  |   |   | 6.2 NAME                  | Ì                                |   |  |
| STREET ADDRESS  |   |   | 6.3 STREET                | ADDRESS                          |   |  |
|   |   |   |                           | 1                                |   |  |

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

**FILED** 

Jun 18 1997 8:00am

Secretary of State