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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000977 (8)

1. Corporation Name
A&P MEMORIES, INC.



Principal Place of Business
2240 WHITFIELD INDUSTRIAL WAY
SARASOTA FL 34243

Mailing Address
2240 WHITFIELD INDUSTRIAL WAY
SARASOTA FL 34243-4080

3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 03/27/1996
4. FEI Number 87-0427911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6416 PARKLAND DRIVE Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip 24 34243	2a. Mailing Address 26 6416 PARKLAND DRIVE Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip 29 34243	25 MANATEE 30 MANATEE
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9. Name and Address of Current Registered Agent SOVICH, RICHARD L 2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 6416 PARKLAND DRIVE 84 City 85 SARASOTA FL 86 Zip Code 87 34243
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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 NAME STREET ADDRESS CITY-ST-ZIP	D OVERSTREET, THELMA & DALTO 2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OVERSTREET, THELMA & DALTON 6416 PARKLAND DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAL, MATTHEW A 2240 WHITFIELD INSUTRIAL WAY SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6416 PARKLAND DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV SOVICH, RICHARD L 2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6416 PARKLAND DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIDSMEYER, O. H 2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6416 PARKLAND DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAMKAR, MICHAEL 2240 WHITFIELD INDUSTRIAL WAY SARASOTA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6416 PARKLAND DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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: RICHARD L. SOVICH, DSTV 1/10/97 941/751-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)