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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600006042 (3)

AMI CAPITAL, INC.

Principal Place of Business Mailing Address						- 1 1881/888 (118 (1818 3111) 3011) 3011/1 886(1 886(1				
111 MASSACH WASHINGTON	IUSETTS AVE. NW DC 20001		I11 MASSACHUSETTS AVE. NW WASHINGTON DC 20001-1461							
						3. Date Incorporated or Qualified 11/19/1996	3a. Date of		eport	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Ap	plied For	
21		26				<b>51-0352032</b> Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Dosired S8.75 Additional Fee Required				
City & State	e	City & State	}-¬ ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Country			Trust Fund Contribution				
24	25	<del></del>	30	,	Florida Statutes  Yes  X				199.032,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 81 P						ne				
1200 SOUTH PINE ISLAND ROAD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				83					_ <del> </del>	
					O't			1 = 2		
					City		FL 85	1		
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 register 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.									registered registered	
SIGNATURE										
12.	OFFICERS AND		13.	Agua	i signature requirec	ADDITIONS/CHANGES TO OFFICE	BS AND DIB	ECTOR!	S IN 12	
THLE			1.1 7111	1.1 TITLE D				hange	Addition	
NAME	BARRY, JOHN J		1.2 NA	MΕ	Ste	ed. Michael R		-		
STREET ADDRESS				EE1 A	DDRESS 111	eed, Michael R. L Massachusetts Ave.,	N.W.			
CITY-ST-ZIP						shington, D.C. 20001				
TITLE NAME	SPOVED DIGITIED I		2.1 TITE 2.2 NAT		D D	d. st		Change	Addition	
STREET ADDRESS	444 144 004 014 (00000 4100 4104)				Bec	Ker, Richard L.	C # L	104		
CITY-ST-ZIP	WASHINGTON DC 20001	•	2.3 STR		DURESS 515	cker, Richard L. 5 South College Road, Suite 106 Payette, LA 70503				
TITLE	D	DELFTE	3.1 TITLE			esident	П	hange	X Addition	
NAME	BOEDE, MARVIN J		3.2 NAME		Sul	livan, Michael D.				
STREET ADDRESS	444 144 664 6144 6144 6144 6144				DDRESS   <b>720</b>	00 Wisconsin Ave. Suite 200				
CITY-ST-ZIP	WASHINGTON DC 20001			Y-SI	.ziP Bet	thesda, MD 20814-4811				
TITLE	D	DELETE	4.1 TITE	.F	D			hange	X Addition	
NAME	CARABILLO, JOSEPH A		4. 2 NA	ME	Wes	t, Jake F.				
STREET ADDRESS	111 MASSACHUSETTS AVE. NV	N			DDRESS 111	Massachusetts Ave.,	N.W.		ļ	
CITY-ST-ZIP	WASHINGTON DC 20001	DELEXE	4.4 CIT1		. ZIP Was	hington, D.C. 20001			<b>19</b> 1	
TITLE	-		5.1 TITL	Lile on		n, William H.		hange	X Addition	
NAME STREET ADDRESS	AAA SAAAA AA MAAAAAAAAAAAAAAAAAAAAAAAAA			5.2 NAME <b>WY</b>		Massachusetts Ave.,	NW			
CITY-ST-ZIP	INTERIOR DE COCCE			5.3 STREET ADDRESS Was		hington, D.C. 20001	17.W.			
TITLE	D	DELETE	5.4 CITY 6.1 TITL			*** · · · · · · · · · · · · · · · · · ·	<u> </u>	hange	X Addition	
NAME	NULL, LESTER H SR.					and Treasurer	ا ایا	range	M1 MODITION	
STREET ADDRESS					DORESS   Kel 720	leher, Brian T.	14- 000			
CITY-ST-ZIP	WASHINGTON DC 20001	·•	6.4 CITY		7ID Bet	7200 Wisconsin Ave., Suite 200 Bethesda, MD 20814-4811				
44   4   4   4   4   4   4	THE STATE OF		0.4 CITY	- 31-						

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 trusted 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