

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G41472** (3)

1. Corporation Name
A & M SALES & MARKETING, INC.



Principal Place of Business % MICHAEL HARVEY 5541 OLD MYSTIC CT JUPITER FL 33458	Mailing Address % MICHAEL HARVEY 5541 OLD MYSTIC CT JUPITER FL 33458-3497
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3. Date Incorporated or Qualified 05/31/1983	3a. Date of Last Report 06/03/1996
4. FEI Number 59-2301755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 1746 GOLFSIDE DR. Suite Apt. # etc.	2a. Mailing Address 26 1746 GOLFSIDE DR. Suite, Apt. #, etc.
22 City & State 23 KISSIMMEE, FL	27 City & State 28 FL.
24 Zip 34746	29 Zip 34746
25 Country US	30 Country

9. Name and Address of Current Registered Agent
**HARVEY, MICHAEL
381 S.E. 6TH AVE.
POMPANO BEACH FL 33060**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 **Michael Harvey**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARVEY, MICHAEL		1.2 NAME HARVEY, MICHAEL	
STREET ADDRESS 381 S.E. 6TH AVE.		1.3 STREET ADDRESS 1746 GOLFSIDE DR	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP KISSIMMEE, FL 34746	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARVEY, ANGELINE E		2.2 NAME HARVEY, ANGELINE E	
STREET ADDRESS 381 SE 6TH AVENUE		2.3 STREET ADDRESS 1746 GOLFSIDE DR	
CITY-ST-ZIP POMPANO BCH FL		2.4 CITY-ST-ZIP KISSIMMEE, FL 34746	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

Michael Harvey, MICHAEL HARVEY 3/27/97 (407) 518-9126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0327013

CR2E034 (9/96)