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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

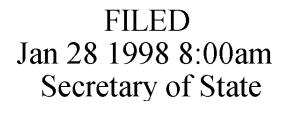
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

THE CHIRTISS COMPRIMITED AC



AMI, INC.					
Principal Plac	e of Business	Mailing Address		- 1 1601110 0111 11011 60110 01111 80110 0111 01011	51011 01911 01011 5 1011 01911 1001
1290 WESTON RD 1290 WESTON RD					
SUITE 306 SUITE 306					
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326			i	DO NOT WRITE IN TH	HIS SPACE
US US				3. Date incorporated or Qualified	
				06/23/1986	
'	lace of Business	2a. Mailing Address	1.	4. FEI Number	Applied For
21 2500		26 2500 W/C	SETON KD	<u> 59-268 1698</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 211		of comments of clares bearing.	Fee Required
City & Stat	/	City & State	17. 2 E	6. Election Campaign Financing	\$5.00 May Be
23 / /	AUDEONE. Th	28 FT. LAUDE		Trust Fund Contribution	Added to Fees
24 333	31 Country	Zip 72.101	Country	8. This corporation owes or has paid the	
24 <i>300</i>			BROWARD	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current I	registered Agent		10. Name and Address of New Register	red Agent
FERGOSON, G. ARIVOTI					
1900 N KRONE AVE B2 Street Addres				iss (P.O. Box Number is Not Acceptable)	
HU	MESTEAD FL 33033				
			83		
ŀ			84 City		85 Zip Code
					-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 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					
	Signature, typed or printed name of registrated agent		Registered Agent signature required		11
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	· •	☐ DELETE	1.1 TITLE		Change Addition
NAME	FRANK, WILLIAM E.		1.2 NAME		2
STREET ADDRESS	7859 MANDARIN DRIVE		1.3 STHEET AUDRESS		اِ
CITY-ST-ZIP	BOCA RATON FL 33433	The state	1.4 CITY-ST-ZIP		
TITLE	D CHANGE MADE	☐ DFŁETE	2.1 TITLE		Change Addition
NAME	SHINN, KARL		2.2 NAME		
STREET ADDRESS	1501 NW 178 LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	e 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	***************************************	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * *		6.4 CITY - ST - ZIP		
	ertify that the information supplied with	this films done not qualify for		ection 110 07(3\(ii) Florida Statutes I further	and the information

recovery under the information supplied with this time does not quality 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 18 if changed, or on an attachment with an address.