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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J53648

(8)

A.M. SALES & MARKETING, INC., SOUTHWEST, FLORIDA  Principal Place of Business Mailing Address P.O. BOX 361 SANIBEL ISLAND FL 33957 0361										
Sambel Islan	ID FL 33957	SANIBEL ISLAND FL 33957-	0361			3. Date Incorporated or Qualified	3a. Date of I		port	
2 Proping O	lace of Business	2a. Mailing Address				01/27/1987 4. FEI Number	01/29/19		ti 1 F	
21 Principal F	26					7.0000			plied For t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1   **	\$8.75 Additional		
22		City & State					F	ee Re	·	
City & Stat	е	28				Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> i dded te	May Be	
Zip	Country	Zip	Cau	ntry		8. This corporation has liability for it				
4	25		30				Yes No		········	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Re	istered Agent		<del></del>	
	IANO, MADELINE PEN SHELL DRIVE		Į.							
SANIBEL FL 33957				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
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				84	City		<b></b> 85	Zip (	Code	
***************************************					•	oration submits this statement for the poor's board of directors. I hereby accept		'		
SIGNATURE	Signature hypodioi preved hama of registered a OFFICERS A	ogent and trito if applicable. (NOTE	Registered	Ager		d when reinstating)	ERS AND DIRE	191 CTOR	IS IN 12	
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TITLE	V DELETE			2.1 TITLE			□ c	hange	☐ Additio	
NAME	ROMANO, MADELINE		2.2 NA	ME						
STREET ADDRESS	767 PEN SHELL DRIVE SANIBEL FL 33957				ADDRESS					
C:TY - ST - ZIP TITLE				TY-S LE	T- ZIP	<u></u>	T C	hange	Additio	
NAME			3.2 NA				<del></del> -	- 0		
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CITY-ST-ZIP			3.4. CI		T - ZiP					
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NAME		L PECETE	6.1 HI					нанус	L. ROUNIC	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI		ì					
14. I do here informatio I am an c	on indicated on this annual report o	r supplemental annual report is to or the receiver or trustee empow	y for the rue and a ered to e	exec	mption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as if ma	ide und	der oath;	