

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L94242 (9)**  
 1. Corporation Name  
**ASSET MANAGEMENT GROUP OF AMERICA, INC.**



Principal Place of Business <b>1645 PALM BEACH LAKES BLVD., SUITE 400                  WEST PALM BEACH FL 33401</b>	Mailing Address <b>1645 PALM BEACH LAKES BLVD., SUITE 400                  WEST PALM BEACH FL 33401-2216</b>
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3. Date Incorporated or Qualified <b>08/15/1990</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>65-0209610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>21 8880 S. Ocean Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 8008 S. Flagler Court</b> Suite, Apt. #, etc.
22	27
23 City & State <b>West Palm Beach</b>	28 City & State <b>West Palm Beach</b>
24 Zip <b>33480</b>	25 Country <b>USA</b>
29 Zip <b>33480</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**GERSON, GARY N**  
**1645 PALM BEACH LAKES BLVD.**  
**SUITE 1200**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>METZ, JOHN C</b>	
STREET ADDRESS	<b>8008 FLAGLER CT.</b>	
CITY- ST- ZIP	<b>W PALM BCH FL 33401</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Abim Fernandez M.D.</b>	
1.3 STREET ADDRESS	<b>8008 S. Flagler Ct</b>	
1.4 CITY- ST- ZIP	<b>West Palm Beach FL 33405</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ronald S Okelichany</b>	
2.3 STREET ADDRESS	<b>417 Northlake Dr</b>	
2.4 CITY- ST- ZIP	<b>North Palm Beach FL 33408</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: John C. Metz Date: 4/29/97 Daytime Phone #: 561-585-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)