


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90190 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11057**

1. Corporation Name

**H.U.R.T., INC./AMI**

Principal Place of Business

C/O CAMILLE E. PALOMBO  
3375 JAYWOOD TER J-103  
BOCA RATON FL 33431  
US

Mailing Address

C/O CAMILLE E. PALOMBO  
3375 JAYWOOD TER J-103  
BOCA RATON FL 33431  
US



2. Principal Place of Business 21 <b>Heritage Circle</b> Suite, Apt. #, etc. <b>Military Trail</b> City & State <b>Pompano Beach, FL</b> 23 <b>33064</b> <b>Broward</b> Zip Country	2a. Mailing Address 26 <b>Heritage Circle</b> Suite, Apt. #, etc. 27 <b>Military Trail</b> City & State <b>Pompano Beach, FL</b> 28 <b>33064</b> <b>Broward</b> Zip Country	3. Date Incorporated or Qualified <b>09/12/1985</b>
		4. FEI Number <b>59-2572761</b>
		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

9. Name and Address of Current Registered Agent

**PALOMBO, CAMILLE E.**  
**3375 JAYWOOD TERR**  
**J-103**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **PALOMBO, CAMILLE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4300 Military Trail - Bldg 6-1B**  
83 **Heritage Circle**  
84 City **Pompano Beach** FL 85 Zip Code **33064**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<b>PALOMBO, CAMILLE</b>	1.2 NAME	<b>PALOMBO, CAMILLE</b>
STREET ADDRESS	<b>3375 JAYWOOD TERR. J-103</b>	1.3 STREET ADDRESS	<b>P.O. Box 10066 / 4300 Military Trail</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33064</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONOVAN, NELL</b>	2.2 NAME	<b>DONOVAN, NELL</b>
STREET ADDRESS	<b>490 JEFFERSON DR 104</b>	2.3 STREET ADDRESS	<b>4893 KIRK RD</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33442</b>	2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPANTONATOS, MARILYN</b>	3.2 NAME	
STREET ADDRESS	<b>3836 NE 17TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO FL 33064</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTH, THOMPSON</b>	4.2 NAME	
STREET ADDRESS	<b>101 ROYAL PARK DR. 1D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33309</b>	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Camillo E. Palombo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 954-781-1378

Date

Daytime Phone #

CR2E037 (11/98)