


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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31802** (2)
1. Corporation Name
AMERICAN MULTILINE CORPORATION



Principal Place of Business 13760 NOEL RD SUITE 840 DALLAS TX 75240 US	Mailing Address 13760 NOEL RD SUITE 840 DALLAS TX 75240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13760 Noel Rd Suite, Apt. #, etc. 22 Suite 340 City & State 23 Dallas TX Zip 24 75240 Country 25 US		2a. Mailing Address 26 13760 Noel Rd Suite, Apt. #, etc. 27 Suite 340 City & State 28 Dallas TX Zip 29 75240 Country 30 US		3. Date Incorporated or Qualified 10/29/1990	
4. FEI Number 95-4052906		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 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 NAME STREET ADDRESS CITY-ST-ZIP	PSDT TAYLOR, JOHN E. 13760 NOEL RD., #840 DALLAS TX <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13760 Noel Rd., #340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICOLA, SUSAN A. 12424 WILSHIRE BLVD 750 LOS ANGELES CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, JILL 151 N. MICHIGAN AVE. CHICAGO IL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIVENS, LORRAINE 625 THE CITY DR. ORANGE CA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1851 E. First St., #900 Santa Ana, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VETTER, DONNA 245 BEAVER DAM RD ISLIP TERRACE NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002428570 -02/12/98--01030--017 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, HUGH 13760 NOEL RD., #840 DALLAS TX <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13760 Noel Road., # 340

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

SIGNATURE

SEVP

CR2E034 (10/97)