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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040966 (2)

AMERICAN MERCHANDISING CORP.

FILED May 22 1997 8:00 am Secretary of State



Principal Place of Business Mailing Address					I ADDISODI AFR DESMO TANKA ODINI OBINI ODINI BIDILI DONIO ADINO BINIO BINIO BINIO BINIO BINIO BINIO BINIO BINI			
8242 6TH AVE.			6242 6TH AVE. SOUTH					
ST. PETERSBU	RG FL 33707	SI. PETERS	3URG FL 33707-2	335				
161						3. Date Incorporated or Qualified	3a. Date of Last	l Report
						06/09/1993	04/03/1996	,
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				59-3187127		Not Applicable
Sulte, Apt.	#, etc.	Suite, A	pt.#, etc.			5. Certificate of Status Desired	1 1 7	Additional
22		27				C. Commodio di Cicio Dobildo	Fee	Required
City & Stat	te	<u>⊢</u> ¬ '	City & State			6. Election Campaign Financing \$5.00 May Be		
23			28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	h		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	25 29 30			Florida Statutes Yes You No 10. Name and Address of New Registered Agent			
100		Content Degistered Ag	om	81	Name	IV. Name and Address of New No	Signatan Wilaur	
	HOW, YVONNE			[0,	Tyanic			
	2 6TH AVENUE SOUTH		82 Stree		Street Ac	Address (P.O. Box Number is Not Acceptable)		
51.1	PETERSBURG FL 33707		83					
	t.			63	ļ.			
				84	Cily		FL T	p Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508,	Florida Statutes	, the abov	e-named co	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing	j its registered
office of a	registered agent, or both, in that am familiar with, and accept the	he State of Florida, Such he obligations of, Section	change was aut 607.0505, Florid	inorized bi da Statute	y the carpo s.	ration's board of directors. I hereby accep	of the appointment a	as registered
SIGNATURE	Wohnee Josh	S YVANNE	LOCHO	W V	Ω	04/18/97		
BIGHATONIL	Signature, typed or printed name of reg		(NOTE: F	Registered Ag	ent signature re	quired when reinstating)	DATE	
12.		ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	l	DELETE	1.1 THILE			☐ Change	e 🔲 Addition
NAME	LOCHOW, ALEXANDER			1.2 NAME				
STREET ADDRESS	6242 6TH AVE. SOUTH			1.3 \$1REE1	ADDRESS			:
CITY-ST-ZIP	ST. PETERSBURG FL 33		-	1.4 CITY - 5	T-ZIP		————	
TITLE	VD	L	DELETE	2.1 TITLE			Change	e L_I Addition
NAME	LOCHOW, YVONNE			2.2 NAME	1			
STREET ADDRESS	6242 6TH AVE. SOUTH	A949		23 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33		7 55: 575	2 4 CITY-	ST-ZIP			
TITLE		L	DELETE	3.1 TITLE			Change	e [_] Addition
NAME	\ 		İ	3.2 NAME	. }			Ī
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP	<u>.</u>		1 priem	3.4. CITY-	ST-ZIP		1 1 6	A Autor
TITLE	:	L	DELETE	4.1 TITLE			L Change	e 🔲 Addition
NAME	Į.		İ	4. 2 NAME	ļ			
STREET ADDRESS				4.9 STREET			111	
CITY-ST-ZIP			Toricis	4.4 CHY-9	T-ZIP		/_/	Addition
TITLE		L	DELETE	5.1 Trile			// Change	e Addition
NAME				5.2 NAME		<	11/5/2	7/9
STREET ADDRESS				5.3 STREET			11/0	//ナー
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY- 5	T-ZIP		<u> </u>	
TITLE	,	ι	DELETE	61 TITLE	ĺ	ടറവാവയാട്ട	Change	e 🔲 Addition
NAME				6.2 NAME		50000220 -06/05/970109		
STREET ADDRESS				6.3 STREET	- 1	***165.80	- CTO	ł
CITY-ST-ZIP				6.4 CITY - 5	T-ZIP	www.ton.no		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii. 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 trusted 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.