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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90218 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000040966

1. Corporation Name
AMERICAN MERCHANDISING CORP.

Principal Place of Business 6242 6TH AVE. SOUTH ST. PETERSBURG FL 33707	Mailing Address 6242 6TH AVE. SOUTH ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 441 3RD AVE NORTH 23 TIERRA VERDE, FL 24 33715 25 USA	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 441 3RD AVE NORTH 29 TIERRA VERDE, FL 30 33715 31 USA	3. Date Incorporated or Qualified 06/09/1993 4. FEI Number 59-3187127 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 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent LOCHOW, ALEXANDER 6242 6TH AVENUE SOUTH ST. PETERSBURG FL 33707	10. Name and Address of New Registered Agent 81 Name GONTCHAROV, YURI 82 Street Address (P.O. Box Number is Not Acceptable) 441 3RD AVE NORTH 83 84 City TIERRA VERDE FL 85 Zip Code 33715
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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 Alexander Lochow **ALEXANDER LOCHOW** 4/20/99 **04/20/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONTCHAROV, YURI	1.2 NAME	GONTCHAROV, YURI
STREET ADDRESS	6242 6TH AVE. SOUTH	1.3 STREET ADDRESS	441 3RD AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	TIERRA VERDE, FL, 33715
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHOW, ALEXANDER	2.2 NAME	LOCHOW, ALEXANDER
STREET ADDRESS	6242 6TH AVE. SOUTH	2.3 STREET ADDRESS	P.O. Box 2725
CITY-ST-ZIP	ST. PETERSBURG FL 33707	2.4 CITY-ST-ZIP	Saint-Petersburg, FL, 33701
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLESNITCHENKO, ALEXEY	3.2 NAME	KOLESNITCHENKO, ALEXEY
STREET ADDRESS	6242 6TH AVE. SOUTH	3.3 STREET ADDRESS	441 3RD AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33707	3.4 CITY-ST-ZIP	TIERRA VERDE, FL, 33715
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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:

Alexander Lochow **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99 (727) 415-0606
Date Daytime Phone #

CR2E034 (11/98)