

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054315 (5)
1. Corporation Name

THE AMSLATE GROUP, INC.



Principal Place of Business: **8140 GOLFSIDE DR. SUITE 13N JACKSONVILLE FL 32256**
Mailing Address: **P.O. BOX 24804 JACKSONVILLE FL 32241**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1993		3a. Date of Last Report 09/27/1995	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 59-3200041		Applied For <input type="checkbox"/> Not Applicable	
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERLING, RICHARD L 9768 CHESTERFIELD DR. JACKSONVILLE FL 32257				81 Name ROBERT E SLATE 82 Street Address (P.O. Box Number is Not Acceptable) 5071 BREEZEWAY CT 83 84 City Jacksonville FL 85 Zip Code 32258			

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 in Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when retiring) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
P	AMERLING, RICHARD L	9768 CHESTERFIELD DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>			
V	SLATE, ROBERT	4542 PINEWOOD AVE	JACKSONVILLE FL	<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information located 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/96 901-734-8825
Date Daytime Phone #

CR2E034 (3/96)