

FILE NOW: FILING FEE AFTER MAY 1 IS \$350.00

FILED

Apr 23 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **93000084176**

1. Corporation Name  
**THE AMERICAN MARKET PLACE INC.**

Principal Place of Business  
**18735 ANCHOR DR  
BOCA RATON, FL  
33498**

Mailing Address

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>AS ADOVE</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>18735 ANCHOR DR</b><br>Suite, Apt. #, etc. |
| 22 City & State   | 27 City & State<br><b>BOCA RATON</b>                                    |
| 23 Zip<br><b>33498</b>  | 28 Country<br><b>FL</b>   |
| 24 Country  | 29 Zip<br><b>33498</b>  |
| 25 Country  | 30 Country<br><b>FL</b>   |

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>12/03/93</b>  | 3a. Date of Last Report<br><b>4/18/96</b> |
| 4. FEI Number<br><b>65-0471901</b>  | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

9. Name and Address of Current Registered Agent  
**SALLY MAYO  
21627 ALTAMIRA AVENUE  
BOCA RATON, FL 33433**

10. Name and Address of New Registered Agent

|   |                        |
|---|------------------------|
| 81 Name   |                        |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>18735 ANCHOR DR</b> |
| 83 City   | <b>BOCA RATON</b>      |
| 84 State  | <b>FL</b>              |
| 85 Zip Code   | <b>33498</b>           |

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: **Sally Mayo**

DATE: **4/21/97**

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PDV</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>MAYO, SALLY</b>          |                                 |
| STREET ADDRESS | <b>21627 ALTAMIRA AVE</b>   |                                 |
| CITY-STATE-ZIP | <b>BOCA RATON, FL 33433</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | <b>PDV</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>MAYO, SALLY</b>         |  |
| 1.3 STREET ADDRESS | <b>18735 ANCHOR DRIVE</b>  |  |
| 1.4 CITY-STATE-ZIP | <b>BOCA RATON FL 33498</b> |  |
| 2.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                            |  |
| 2.3 STREET ADDRESS |                            |  |
| 2.4 CITY-STATE-ZIP |                            |  |
| 3.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                            |  |
| 3.3 STREET ADDRESS |                            |  |
| 3.4 CITY-STATE-ZIP |                            |  |
| 4.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                            |  |
| 4.3 STREET ADDRESS |                            |  |
| 4.4 CITY-STATE-ZIP |                            |  |
| 5.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                            |  |
| 5.3 STREET ADDRESS |                            |  |
| 5.4 CITY-STATE-ZIP |                            |  |
| 6.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                            |  |
| 6.3 STREET ADDRESS |                            |  |
| 6.4 CITY-STATE-ZIP |                            |  |

**000002154480**  
-04/25/97--01006--004  
\*\*\*173.75

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4/21/97**

CR2E034 (9/96)