

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084555 (0)

1. Corporation Name

AMOS WORLDWIDE, INC.



Principal Place of Business

Mailing Address

4215 WEST ALVA STREET
UNIT B
TAMPA FL 33614
US

4215 WEST ALVA STREET
UNIT B
TAMPA FL 33614
US

2. Principal Place of Business

2a. Mailing Address

21 3625 Century Blvd

26 3625 Century Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #2

27 #2

City & State

City & State

23 LAKELAND FL

28 LAKELAND, FL

Zip

Country

Zip

Country

24 33811

25 USA

29 33811

30 USA

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3217454

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANKAU, STEPHEN L
111 MADISON ST
SUITE 2300
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DP
NAME KOTCH, CHRISTINE AMOS
STREET ADDRESS 4215 WEST ALVA STREET, UNIT B
CITY - ST - ZIP TAMPA FL

TITLE S
NAME PISKLO, NICOLE AMOS
STREET ADDRESS 4215 WEST ALVA STREET, UNIT B
CITY - ST - ZIP TAMPA FL

TITLE VP
NAME LA PLANTE, JOHN L
STREET ADDRESS 6530 W. HILLSBOROUGH AVE.
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

3625 CENTURY BLVD, #2
LAKELAND, FL 33811
Secretary
CAROL A MORRISON
4610 DUXBERRY LANE
VALRICO, FL 33594

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. 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:

Christine Amos Kotch, President

4/15/96

(941)646-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)