

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000017681 (5)



1. Corporation Name
AMC ACQUISITION, INC.

Principal Place of Business

4500 SALISBURY ROAD
JACKSONVILLE FL 32216
US

Mailing Address

PO BOX 2109
JACKSONVILLE FL 32232-0001
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3236296

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

(Name of Corporation or Individual) (Name of Registered Agent or Secretary)

(Name of Registered Agent or Secretary) (Name of Registered Agent or Secretary)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

C
NEWTON, JR. R
111 RIVERSIDE AVE., SUITE 140
JACKSONVILLE FL
D
HICKS, DAVID M.
4500 SALISBURY ROAD
JACKSONVILLE FL
D
COMMANDER, III C
200 LAURA ST.
JACKSONVILLE FL
D
DAVIS, ROBERT D.
5050 EDGEWOOD COURT
JACKSONVILLE FL
D
LOVETT, RADFORD D.
1600 INDEPENDENT SQUARE
JACKSONVILLE FL
D
SHIRCLIFF, ROBERT T.
1301 RIVER PLACE BLVD., SUITE 2529
JACKSONVILLE FL 84

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Director Change Addition
Newton, Jr., Russell B. completing his full name
Chairman Change Addition
801 Riverside Ave.
Jacksonville, FL 32204
Commander, Charles E., III completing his full name
 Change Addition
4310 Pablo Oaks Ct.
Jacksonville, FL 32224
 Change Addition
 Change Addition

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 contained 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 on Block 2 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Monica H. Blaquiere*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97
Date
904-281-6330
Days & Hours

CR2E034 (9/96)