

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY - 1 10 0:11

**DOCUMENT # P94000051357**  
1. Corporation Name **American Marketing Management & Motivation Services, Inc.**

Principal Place of Business **501 N Beneva Rd Suite 550 Sarasota, FL 34232**  
Mailing Address **501 N Beneva Rd Suite 550 Sarasota, FL 34232**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **July 12, 1994** 3a. Date of Last Report **NEW**

21. Principal Place of Business <b>501 N Beneva</b>	2a. Mailing Address <b>SAME</b>	4. FEI Number <b>65 0514540</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite Apt # etc <b>Suite 550</b>	27. Suite Apt # etc <b>SAME</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>Sarasota, FL 34232</b>	28. City & State <b>SAME</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>34232</b>	25. Country <b>Sarasota</b>	29. Zip <b>34232</b>	30. Country <b>SAME</b>
7. 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 <b>LAWRENCE J SPIEGAL 343 ALMERIA AVE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 Name <b>CHRISTOPHER P. KAZOR</b> 82 Street Address (if Box Number is Not Acceptable) <b>501 N BENEVA</b> 83 <b>SUITE 550</b> 84 City <b>Sarasota</b> FL 85 Zip <b>34232</b>	
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11. Pursuant to the provisions of Sections 607.0307 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 provisions of Section 607.0305, Florida Statutes.

SIGNATURE *[Signature]* **5-10-95**  
By: \_\_\_\_\_ (Registered Agent sign or required after registration)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME <b>President Christopher P. Kazor</b>	11. STREET ADDRESS <b>12824 Tallowood Dr</b>	11. CITY, ST, ZIP <b>Riverview FL 33569</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	12. STREET ADDRESS	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	13. STREET ADDRESS	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	14. STREET ADDRESS	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	15. STREET ADDRESS	15. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	16. STREET ADDRESS	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	17. STREET ADDRESS	17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	18. STREET ADDRESS	18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	19. STREET ADDRESS	19. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	20. STREET ADDRESS	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*\*200.00 \*\*\*\*246.00

REMITTED BY MAY 1

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)(b), Florida Statutes. I further certify that the information indicated on this filing and 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing as an attachment with an address.

SIGNATURE *[Signature]* **CHRISTOPHER P. KAZOR** **5/10/95** **8739546035**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR