

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P 94 000051357

1. Corporation Name  
**AMERKAN MARKETING MANAGEMENT & MOTIVATION SERVICES INC.**

Principal Place of Business: **501 N. BELUEVA RD 550 SARASOTA FL 34232**  
Mailing Address: **Box 7777 SARASOTA FL 34278-7777**

3. Date Incorporated or Qualified: **7-12-94**  
3a. Date of Last Report: **4-1-95**  
4. FEI Number: **65-0514540**  
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

2. Principal Place of Business  
21 **501 N. BELUEVA RD**  
Suite, Apt. #, etc.: **SUITE 550**  
City & State: **SARASOTA FL**  
Zip: **34232**  
Country: **SARASOTA**  
22 **SUITE 550**  
23 **SARASOTA FL**  
24 **34232**  
25 **SARASOTA**  
26 **Post Office Box 7777**  
Suite, Apt. #, etc.:  
27  
City & State: **SARASOTA FL**  
28 **SARASOTA FL**  
29 **34278-7777**  
Country: **SARASOTA**  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **CHRISTOPHER KAZOR**  
82 Street Address (P.O. Box Number is Not Acceptable): **12824 TALLOWOOD DR**  
83 **R**  
84 **RIVER VIEW FL 33569**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE: **PRES-SEC**  DELETE  
NAME: **CHRISTOPHER KAZOR**  
STREET ADDRESS: **12824 TALLOWOOD DR**  
CITY-ST-ZIP: **RIVERVIEW FL 33569**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE: **DIRECTOR**  Change  Addition  
1.2 NAME: **CHRISTINE KAZOR**  
1.3 STREET ADDRESS: **12824 TALLOWOOD DR**  
1.4 CITY-ST-ZIP: **RIVERVIEW FL 33569**  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: **200001865982**  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS: **-06/18/96--01140--011**  
5.4 CITY-ST-ZIP: **\*\*\*200.00**  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is accurately 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 this corporation at the time of filing; or that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an alternate filing address.

SIGNATURE: *[Signature]* 6/6/96 . 941 3627459

CR2E034 (12/95)