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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000007102 (3) DOCUMENT #

ASSET MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



%DAVID PINCHEVSKY AND ASSOCIATES, P.A. 5701 N PINE ISLAND ROAD, SUITE 250 %DAVID PINCHEVSKY AND ASSOCIATES. P.A 5701 N PINE ISLAND ROAD. SUITE 250 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33321 FT LAUDERDALE FL 33321 3. Date Incorporated or Qualified 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0561620 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Źm 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name PINCHEVSKY, DAVID 5701 N PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 250 83 FT LAUDERDALE FL 33321 84 City Zip Code 85 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, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed harve of registers dialyent and title if applicable (NOTE Registered Agent signature hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TIFLE Change Addition TITLE HOFFMAN, SCOTT NAME 1.2 NAME C/O 5701 N. PINE ISLAND ROAD, #250 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CftY+ST-ZIP 3 4. CHTY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6 3 STREET ADDRESS** CITY-ST-ZIP

foliald with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information demands around report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information s indicated on this annual report or six officer or director of the corporation Block 12 or Block 13 if changed, in a an attachment with an address

131 (2011)

SIGNATURE:

2/25/98