FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000046890 (6)**

1. Corporation Name
AMERICAN MARKETING SYSTEMS, INC.

Principal Place of Business	Mailing Address
779 E MERRITT ISLAND CSWY SUITE 765 MERRITT ISLAND FL 32952-3309	779 E MERRITT ISLAND CSWY SUITE 765 MERRITT ISLAND FL 32952-3516

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: [illegible] 59-3437339 ☐ 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

HOWARD, DAVID
779 E MERRITT ISLAND CSWY SUITE 765
MERRITT ISLAND FL 32952-3309

10. Name and Address of New Registered Agent

61 Name: Corporation Service Company
62 Street Address (P.O. Box Number is Not Acceptable)
63: 1201 Hays Street
64 City: Tallahassee FL 65 Zip Code: 32301

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: Laura P. Dunlap, Laura P. Dunlap, as agent for Corporation Service Company DATE: 3-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, DAVID 779 E. MERRITT ISLAND CSWY #765 MERRITT ISLAND FL 32952	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002108163--0
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Peter J Kinsella Esq #6 Ramistrasse Rd 3ed Floor CH-8024 Zurich Switzerland	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 3/10/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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: Peter John Kinsella SIGNATURE REQUIRED Peter J. Kinsella 01-03-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

2

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 286961 81769A

AUTHORIZATION : Patricia Pyjute

COST LIMIT : $ 165.00

ORDER DATE : March 10, 1997

ORDER TIME : 10:01 AM

ORDER NO. : 286961-005

CUSTOMER NO: 81769A

CUSTOMER: Mr. Robert C. Reid
Concept Asset Protection
P.o. Box 1126

Port Salerno, FL 34992-1126

DOMESTIC FILINGS

RECEIVED
97 MAR 10 AM 10:52
DIVISION OF CORPORATION

NAME: AMERICAN MARKETING SYSTEMS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS A. Mar

4/18/97