

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000855 (2)**

1. Corporation Name
AMRICK ENTERTAINMENT, INC.

Principal Place of Business 3230 E. BAY DRIVE HOLMES BEACH FL 34217	Mailing Address 3230 E. BAY DRIVE HOLMES BEACH FL 34217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1996	
21		26		4. FEI Number 65-0608501 65-0628501	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSENBLUTH, MICHAEL 3230 E. BAY DRIVE HOLMES BEACH FL 34217				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, BARBARA			1.2 NAME	Fran Rosenbluth		
STREET ADDRESS	5711 RENZO LANE			1.3 STREET ADDRESS	8304 12th AVE DR. NW		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	Bradenton FL 34209		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSENBLUTH, MICHAEL			2.2 NAME	Michael Rosenbluth		
STREET ADDRESS	8304 12TH AVENUE DRIVE, NW			2.3 STREET ADDRESS	8304 12th Ave Dr. NW		
CITY-ST-ZIP	BRADENTON FL 34209			2.4 CITY-ST-ZIP	Bradenton Florida 34209		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	Fran Rosenbluth		
STREET ADDRESS				3.3 STREET ADDRESS	8304 12th Ave Dr NW		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Bradenton Florida 34209		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	Barbara Becker		
STREET ADDRESS				4.3 STREET ADDRESS	5711 Renzo Lane		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Sarasota Florida		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: **Fran Rosenbluth** **Fran Rosenbluth 2/16/98 941 778 3325**

CP2E034 (10/97)