

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056475 (2)

1. Corporation Name
A.M. GARIFI, INC.



Principal Place of Business 6043 SHEFFIELD ROAD LAKELAND FL 33812	Mailing Address 6043 SHEFFIELD ROAD LAKELAND FL 33812-2896
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3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4830 Bradfordville Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 4830 Bradfordville Rd. Suite, Apt. #, etc.	4. FEI Number 59-3402330	Applied For Not Applicable
22 City & State 23 Tallahassee, FL	27 City & State 28 Tallahassee, FL	5. Certificate of Status Desired X	\$8.75 Additional Fee Required
24 32308	29 32308	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ANDREW, SCOTT P C/O WENDEL CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813	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
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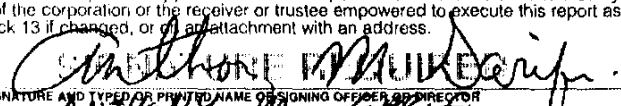
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY M. GARIFI	1.2 NAME	
STREET ADDRESS	4830 BRADFORDVILLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN M. GARIFI	2.2 NAME	
STREET ADDRESS	4830 BRADFORDVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY M. GARIFI

4/21/97 904-906-0447
Date Daytime Phone

0388888

CR2E034 (9/96)