## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE "CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** POCUMENT # P96000065075 (9) 97 DEC 17 AN 10: 44 ASSOCIATED MARKETING & MANUFACTURING, INC. Principal Place of Business Mailing Address 3336 SW 2ND AVENUE FORT LAUDERDALE FL 33315 3336 SW 2ND AVENUE FORT LAUDERDALE FL 33315-3302 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1996 Principal Place of Business 2a. Mailing Address FAI Number Applied For 21 26 Not Applicable Suite, Apt. 1, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.03? Yes 29 30 Florida Statutos 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIONIUM MODRIO A Name L. F.N. KHOLOS Street Address (P.O. Box Number is Not Acceptable) LEN 3338 SW 2ND AVENUE 82 FORT LAUDERDALE FL 33315 83 84 City Zip Code 1008 Elorida Statutus, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accion 607.0505, Florida Statutes. office or registered agent agent. I am familiar mith 4/p/97 DATE L. KHOlos SIGNATURE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO CHICERS AND DIRECTORS IN I. 13. DELETE Change AdJil TITLE 1.1 TITLE WEINTHAL, DAVID 1.2 NAME 3336 SW 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-ZIP 1.4 CITY-ST-ZIP VIPS DELETE X Addit 21 TITLE Change TITLE NAME, LEN KHOIOS 2.2 NAME 3336 Sw 2~D STREET ADDRESS 2.3 STREET ADDRESS 33315 Change □ Adda CITY-S1-ZIP 2.4 CITY+ST-ZIP LAUBERDAU DELETE TIÈLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Aod. NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Ad-i NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE \*\*\*\*165.00 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - 7IP do horoby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information indicated on this annual poport or supplemental aprillar report is true and accurate and that my signature shall have the same legal offect as if made under of am an officer or director of the corporation or the receiver a 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 a stationment with an address.

C. KHOLOS

ING OFFICER OR DIRECTOR

SIGNATURE: X

Daylime Plione # 0274219



## ACCU-TAX & ACCOUNTING SERVICES, INC.

1810 SABEL DRIVE DEERFIELD BEACH FLORIDA 33442

TEL 954-574-0081 FAX 954-574-0083

December 12th, 1997

The Department Of State Tallahassee

Dear Sirs:

## RE: ASSOCIATED MARKETING & MANUFACTURING, INC. P96000065075

I refer my telephone conversation re the above corporation with your department today. I was advised that the original annual report was returned to us. We however have not received the form or the notification that the corporation was dissolved. As arranged we are enclosing a copy of the original form together with a check for \$ 165 and as requested I have signed the form again.

I apologize for any inconvenience caused. I will also call up the local postmaster and enquire as to what happened to my mail.

Sincerely,

Len Kholos (Sec)