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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065075 (9)

ASSOCIATED MARKETING & MANUFACTURING, INC.

3336 8W 2ND AVENUE 3336 SW 2ND AVENUE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0398504 Not Applicable 26 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Country ZID 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name KHOLOS, LEN 3336 SW 2ND AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33315 83 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE __ Change Addition PTD 1.1 TITLE TITLE WEINTHAL, DAVID NAME 1.2 NAME 3336 SW 2ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33315 1.4 C01Y-ST-7IP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE KHOLOS, LEN NAME 2.2 NAME **3336 S.W. 2ND AVENUE** STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

1/4/38

☐ Addition

Change

FILED

May 15 1998 8:00am

Secretary of State