

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 06 1997 8:00am  
Secretary of State

DOCUMENT # P96000068917 (9)

1. Corporation Name  
A.M.F. BOOK INC

Principal Place of Business  
9855 PAVAROTTI TER #103  
BOYNTON BEACH FL 33437

Mailing Address  
9855 PAVAROTTI TER #103  
BOYNTON BEACH FL 33437-3379



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
25 Zip	29 Zip
Country	30 Country

3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last Report
4. FEI Number 650685280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRANCIS, ALLAN 9855 PAVAROTTI TER #103 BOYNTON BEACH FL 33437		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

TURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS		12 NAME	
3. CITY-STATE-ZIP		13 STREET ADDRESS	
		14 CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS		22 NAME	
6. CITY-STATE-ZIP		23 STREET ADDRESS	
		24 CITY-STATE-ZIP	
7. NAME	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS		32 NAME	
9. CITY-STATE-ZIP		33 STREET ADDRESS	
		34 CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDRESS		42 NAME	
12. CITY-STATE-ZIP		43 STREET ADDRESS	
		44 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		52 NAME	
15. CITY-STATE-ZIP		53 STREET ADDRESS	
		54 CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. ADDRESS		62 NAME	
18. CITY-STATE-ZIP		63 STREET ADDRESS	
		64 CITY-STATE-ZIP	

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.

CR2E034 (9/96)