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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000070009 (1)

THE AMERICAN MAILORDER COMPANY

Principal Place of Business Mailing Address **2480 WEST 25TH STREET** 2480 WEST 25TH STREET JACKSONVILLE FL JACKSONVILLE FL 32209-3460 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes M No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PITTMAN, MARVIN D 2460 WEST 25TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of tog stered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE __ DELETE 1.1 DITLE Change Addition PITTMAN, MARVIN D NAME 1/2 NAME 2460 WES 25TH STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1,4 CITY - ST - 7IP DELETE TITLE Change ___ Addition 2.1 11111 MUHAMMAD, MICHAEL NAME 2-2 NAME 4819 MONCRIEF RD. APT. 8 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TO LE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TILLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS §.3 STREET ADDRESS CITY-ST-ZIP \$.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE \$1 HILE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: Inau D. Pittmal