

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090656 (5)

1. Corporation Name
THE AMC GROUP, INC.

Principal Place of Business 6190 NW 11TH STREET FT. LAUDERDALE FL 33313	Mailing Address 6190 NW 11TH STREET FT. LAUDERDALE FL 33313
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number NOT APPLICABLE 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYER, PAUL
6190 NW 11TH STREET
FT. LAUDERDALE FL 33313

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. SCHILLER, W. ROY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	315 MY LANE	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33326	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VP REDIC, JAMES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1535 NORTHGATE DRIVE	2.2 NAME	
STREET ADDRESS	NAPLES FL 34105	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	ST.D BYER, PAUL A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2915 PALM AIRE DRIVE	3.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33069	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VP - DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, JIRI	4.2 NAME	
STREET ADDRESS	4901 S.W. 199th AVE,	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL, 33332	4.4 CITY - ST - ZIP	
TITLE		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		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 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: *Paul A. Byer* PAUL A. BYER

954974-4766

CR2E034 (10/97)