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

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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000094162

1. Corporation Name: AMERICAN MARKETING PROGRAMS, INC.

Principal Place of Business: 1590-D FOREST LAKE CIRCLE, WEST PALM BCH, FL 33406

Mailing Address: BOX 19464, WEST PALM BCH, FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-18-96

2. Principal Place of Business
21: 1590-D FOREST LAKE CIR.
22 Suite, Apt #, etc.: D
23 City & State: WEST PALM BEACH, FL
24 Zip: 33406
25 Country: PALM BCH.

2a. Mailing Address
26: BOX 19464
27 Suite, Apt #, etc.:
28 City & State: WEST PALM BEACH, FL
29 Zip: 33416
30 Country: PALM BEACH

4. FEI Number: 65-0718915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS, INC.
4521 PGA BLVD. SUITE #211
PALM BCH. GARDENS, FL 33418

10. Name and Address of New Registered Agent

81 Name: ~~JAMES ROSETTI~~ CORPORATE CREATIONS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 4521 PGA BLVD. STE. 211
83: SUITE 211
84 City: PALM BCH. GARDENS FL 85 Zip Code: 33418

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 _____ DATE
Signature, typed or printed name of registered 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		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAMES ROSETTI		1.2 NAME		
STREET ADDRESS	1590-D FOREST LAKE CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33416		1.4 CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TODD VURRARO		2.2 NAME		
STREET ADDRESS	2726 SW 13TH DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ 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			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: JAMES ROSETTI JAMES ROSETTI 4-20-98 541-965-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #