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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000094881 (5)

FILED May 05 1998 8:00am Secretary of State

AM ON	ILY, INC.					
Principal Plac	e of Business	Mailing Address			I	((* 10)(), 0 300), 10101 1010 1011
•		14890 S.W. 76TH COU	DΤ			
14890 S.W. 76TH COURT 14890 S.W. 76TH COURT MIAMI FL 33158 MIAMI FL 33158			(I)			
					DO NOT WRITE IN T	THIS SPACE
					3. Date Incorporated or Qualified	
B State of S		Ja Maille a Address		 -	11/20/1996	
	lace of Business	26. Mailing Address			4. FEI Number	Applied For
21 26 Suite. Apt. #. etc. Suite. Apt. #, etc.					58-2282547	Not Applicable
	,			5. Certificate of Status Desired Fee Regulred		\$8.75 Additional
22		City & State			6 Startion Compaign Figureina	
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Cour	trv	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
<u></u>	9. Name and Address of Curi		, ,,,,		10. Name and Address of New Registr	
MI	CHOLS, JOHN W		1	B1 Name		
	890 S.W. 76TH COURT		Į.	20 01	(D.O. David, and a Mark Association	
	AMI FL 33158			Street Add	ress (P.O. Box Number is Not Acceptable)	
MN	1WI FL 33190		ħ	B3		
			L			
				B4 City		FL 85 Zip Code
11. Purement	to the provisions of Sections 607.0	1502 and 607 1508 Florida Stat	lutes the ab	ove-named cou		
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change wa	s authorized	by the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	e appointment as registered
agent. Fa	m familiar with, and accept the ob	digations of, Section 607.0505,	Fiorida Statu	tes.		
SIGNATURE	Signature, typed or printed name of maintened	econt and true if anytheathle (N	OTF Registered	Anont signature requi	ired when reinstating)	ATE
12,		AND DIRECTORS	13.	rigoni algridisio risqui	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITL	E		Change Addition
NAME	MORRIS, PAUL S		1.2 NAM	AE		
STREET ADDRESS	555 18TH STREET		1.3 STR	EET ADDRESS		,
CITY+ST-ZIP	BROOKLYN NY 11215			Y-ST-ZIP		
TITLE	phooneth it itelo	DELETE	2.1 TITU	.E)	\	Change Addition
NAME			22 NAM	de 🖳	W NICHOLS	
STREET ADDRESS				EET ADDRESS	0HN W. NICHOLS 4890 SW 76 C. 1441, FL 3315	
CITY-ST-ZIP				Y-ST-ZIP	4890 SW 76 C	76
TITLE		DELETE	3.1 TITL	E A	11041. 51. 3215	Change Addition
NAME			3.2 NA	AF.	7 mm 1 7 2 3373	8
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	4.1 TITU			Change Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NAM			
				EET ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CIT	r-ST-ZIP		Change Addition
TITLE		C DITTE		·		Change Chandion
NAME			6.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		1 - 5ab - 4b - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Y-ST-ZIP	Continue 440 07/09/3 Florida Chabasa (2 -0	nor andifuthat the information
15. I hereby of indicated	certify that the information supplied on this annual report or supplied	with this filing does not qualify	/ tor the exer sccurate and	ription stated in that my signati	n Section 119.07(3)(i), Florida Statutes. I furth ure shall have the same legal effect as if mai	de under oath; that I am an

istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in