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 #

P97000030458 (8)

AMKS, INC.

Principal Place of Business	Mailing Address
7025 BERACASA WAY. STE. 207	7025 BERACASA WAY. STE. 207
BOCA RATON FL 33433	BOCA RATON FL 33433

FILED
May 18 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					04/03/1997			
2. Principal Pl	al Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
21	26				45-0750757	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	e, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27				Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be		
23 28					Trust Fund Contribution	Added to Fees		
, Žip	Country	Zip	Count	iry	8. This corporation owes or has paid the curre			
24	25	29	30			Yes No		
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	jent		
7025 BERACASA WAY, STE. 207 BOCA RATON FL 33433				1 Name		ļ		
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			0	83				
			8	4 City		85 Zip Code		
				J	FL FL			
11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statules, 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 bereby accept the appointment as registered								
office or registered agent, or both, in the State of Florida Such changes 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 .								
				kgent signature	a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DESCRIPTIONS AND DESC	ORECTORS IN 42		
TITLE	D OF THE MAN	DELETE	13.	 ;		Change Addition		
NAME	_	<u></u>	1.2 NAM		}	T avigual		
STREET ADDRESS	11000110,7111101111		1	ET ADDRESS		1		
				-	1			
CITY-ST-ZIP TITLE	BOCK HATON FL 33433	DELETE 2.11		- ST - ZIP		Change Addition		
NAME			2.2 NAM		_	_ Change Facility		
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP TITLE	1		31 TITLE	r-ST-ZIP	<u> </u>	Change Addition		
NAME			3.2 NAM		-	_ change		
	1			_				
STREET ADDRESS	₽			ET ADDRESS				
CITY-ST-ZIP			4.1 TiTL	r-ST-ZIP	 	Change Addition		
· 1						T SUBDRES ET MORROLL		
NAME STREET ADDRESS			4. 2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>		5.1 TITLE	-ST-ZIP		Change Addition		
NAME		L. Dettil	5.2 NAM		_			
ſ								
STREET ADDRESS				ET ADDRESS		j		
CITY-ST-ZIP TITLE			5.4 CITY 6.1 TITU			Change Addition		
NAME		LJ DECCIE]	T custings [7] vocation		
			6.2 NAM					
STREET ADDRESS				ET ADDRESS	}	}		
CITY-ST-ZIP	sertify that the information supplied with	h this filing does not qualify f	6.4 CITY		ed in Section 119 07(3Vi) Florida Statutes Uturiber certi	ify that the information		
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 Statules. I further certify that the information indicated on this annual report or suppliemental 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.								