

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

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000038059 (6)**

1. Corporation Name  
**A.M.D.M., INC.**



Principal Place of Business <b>16 SAILFISH DR.                  PALM COAST FL 32137</b>	Mailing Address <b>16 SAILFISH DR.                  PALM COAST FL 32137</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/29/1997</b>	
21 <b>22 EAST HWY 100</b>	26			4. FEI Number <b>59-3471740</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 <b>#226</b>	27			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>BUNNELL FL</b>		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 <b>BUNNELL FL</b>	28			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	
24 <b>32110</b>	25 <b>FLAGLER</b>	29	30		
Zip		Country			

9. Name and Address of Current Registered Agent <b>ZAPAROJETS, ALEXEI                  16 SAILFISH DR.                  PALM COAST FL 32137</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>OFFICER</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>ZAPAROJETS, ALEXEI</b>			1.2 NAME	<b>NATALIA Humm</b>		
STREET ADDRESS	<b>16 SAILFISH DR.</b>			1.3 STREET ADDRESS	<b>395 FLEMING AVE</b>		
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>			1.4 CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>OFFICER</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	<b>VALLER Kotomin</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>70 PENIMORE LN</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<b>PALM COAST FL 32137</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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: **ALEXEI ZAPAROJETS** - president **08/02/98** **(904)487-5030**

CR2E034 (10/97)