

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

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Mar 09 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 # P97000038059 (6)

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

Principal Place of Business
16 SAILFISH DR.
PALM COAST FL 32137

Mailing Address
16 SAILFISH DR.
PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22 EAST HWY 100 Suite, Apt. #, etc. 22 #226 City & State 23 BUNNELL FL Zip 24 32110 Country 25 FLAGLER		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/29/1997	
4. FEI Number 59-3471740		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent ZAPAROJETS, ALEXEI 16 SAILFISH DR. PALM COAST FL 32137	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		10. Name and Address of New Registered Agent			

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	D	1.1 TITLE	OFFICER
NAME	ZAPAROJETS, ALEXEI	1.2 NAME	NATALIA HUMM
STREET ADDRESS	16 SAILFISH DR.	1.3 STREET ADDRESS	395 FLEMING AVE
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE		2.1 TITLE	OFFICER
NAME		2.2 NAME	VALLER KOTOMIN
STREET ADDRESS		2.3 STREET ADDRESS	70 PERIMORE LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM COAST FL 32137
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 to an address.

SIGNATURE: ALEXEI ZAPAROJETS - president 08/02/98 (904) 487-5030

CR2E034 (10/97)