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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000068186

1. Corporation Name
AVMAR INTERNATIONAL INC.

Principal Place of Business Mailing Address
 1 RIVER PLAZA #380641 FORT LAUDERDALE FL 33335
 1 RIVER PLAZA #350641 FORT LAUDERDALE FL 33335

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 #9 SW 13TH STREET		26 #9 SW 13TH STREET		08/06/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 FORT LAUDERDALE FL		28 FORT LAUDERDALE FL		65-0772136	
24 33315		29 33315		Applied For	
25		30 BROWARD		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
JOHNSON, SEAN A				6. Election Campaign Financing	
9 SW 13TH				Trust Fund Contribution	
FORT LAUDERDALE FL 33315				7. This corporation owes the current year Intangible Personal Property Tax.	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JOHN	1.2 NAME	
STREET ADDRESS	1323 SE 17TH STREET, SUITE 645	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SEAN	2.2 NAME	PD VPD
STREET ADDRESS	909 SW 9TH TERRACE	2.3 STREET ADDRESS	SEAN JOHNSON
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	#9 SW 13TH STREET FORT LAUDERDALE FL 33315
TITLE		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		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		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		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, with all other like empowered.

SIGNATURE: _____ DATE: 1/13/99 DAYTIME PHONE #: 954-764-0402

CR2E034 (1/1/98)