

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90188 024 ***150.00

0361967

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000027946

1. Corporation Name
AMERICAN MARKETING CORPORATION OF SOUTH FLORIDA, INC.



Principal Place of Business: 14000 MILITARY TRAIL, SUITE 202, DELRAY BEACH FL 33484
 Mailing Address: 14000 MILITARY TRAIL, SUITE 202, DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1998**

4. FEI Number: [] Applied For: [] Not Applicable: []

5. Certificate of Status Desired: [] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: [] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
~~TRIEFLER, M. EDWARD
 551 N.W. 77TH STREET
 SUITE 104
 BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent
 81 Name: **MALCOLM D GUIDEN**
 82 Street Address (P.O. Box Number is Not Acceptable): **2515 NW 63RD ST**
 83 []
 84 City: **BOCA RATON** FL 85 Zip Code: **33496**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/13/99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PRESIDENT	<input type="checkbox"/>
NAME	MALCOLM D. GUIDEN	
STREET ADDRESS	2515 NW 63RD ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VICE-PRESIDENT	<input type="checkbox"/>
NAME	ALBERT J. GABRIELE	
STREET ADDRESS	3692 COCOPLUM CIR.	
CITY-ST-ZIP	COCONUT CREEK, FL 33063	
TITLE	SECRETARIES	<input type="checkbox"/>
NAME	M. EDWARD TRIEFLER	
STREET ADDRESS	2235 SPRING HARBOR DR #10	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]* SIGNATURE REQUIRED DATE: **4-15-99** DAYTIME PHONE #: **561-241-8787**

CR2E034 (11/98)