

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB -8 PH 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V11264 (1)

1. Corporation Name

AMERICAN MARKETING CONCEPTS INC.

Principal Place of Business

5100 DUPONT BLVD.
SUITE 6G
FT. LAUDERDALE FL 33308

Mailing Address

5100 DUPONT BLVD.
SUITE 6G
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

02/24/1994

4. FEI Number

65-0343351

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3817 MAC FARLANE ST

2a. Mailing Address

26 3817 MAC FARLANE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MELBOURNE BCH, FL.

City & State

28 MELBOURNE BCH, FL.

Zip

24 32951

Country

25 BREVARD

Zip

29 32951

Country

30 BREVARD

9. Name and Address of Current Registered Agent

ELIAS, TED
5100 DUPONT BLVD.
SUITE 6G
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name ELIAS, TED
82 Street Address (P.O. Box Number is Not Acceptable)
3817 MAC FARLANE ST.
83
84 City MELBOURNE BCH, FL 85 Zip Code 32951

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 TED ELIAS (PRESIDENT)
Signature, typed or printed name of registered agent and the if applicable.

Ted Elias
(NOTE: Registered Agent signature required when terminating)

1/16/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELIAS, TED
STREET ADDRESS	5100 DUPONT BLVD., #6G
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	ELIAS, TED	
1.3 STREET ADDRESS	3817 MAC FARLANE ST.	
1.4 CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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: Ted Elias TED ELIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 (407) 9528784
DATE AND TELEPHONE NUMBER