

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

FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-18-1999 90027 012 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1997

4. FEI Number
59-3477257

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

DOCUMENT # **P97000090006**

1. Corporation Name
AMI INC OF WINTER HAVEN

Principal Place of Business 2127 EDGEWATER DR. S.E. WINTER HAVEN FL 33880	Mailing Address 2127 EDGEWATER DR. S.E. WINTER HAVEN FL 33880
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
4 25	29 30

9. Name and Address of Current Registered Agent

**MEHTA, ILLA J
2127 EDGEWATER DR. S.E.
WINTER HAVEN FL 33880**

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 of 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 I. J. Mehta DATE Jan 22nd 199.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MEHTA, ILLA	1.2 NAME	
STREET ADDRESS	2127 EDGEWATER DR SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MEHTA, JYTENDRA	2.2 NAME	
STREET ADDRESS	2127 EDGEWATER DR SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP	
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	

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: I. J. Mehta DATE Jan 22nd 199. 941-293-6839

CR2E034 (11/98)