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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000094783

AAA AMALGAMATED SERVICES, INC.

Principal Place of Business

Mailing Address

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90039 026 \*\*\*150.00



1005 RUSSELL	DRIVE	1005 RUSSELL DRIVE				;				
#2 Highland Beach FL 33487		#2 HIGHLAND BEACH FL 33487			DO NOT WRITE IN THIS SPACE					
RIGHLAND DEACH PL 3040/		HIGHEAND DENOTITE SOOT			Date Incorporated or Qualifed     11/09/1998					
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number			pplied For	
21		26				65-0895939			lot Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		* .	Additional Required	
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip	Zip 29 3	ip Country			This corporation owes the current y     Personal Property Tax.		igible ∐Yes	□No		
24 25 29 30  9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
g, traine and reserved of definiting server in grant					Name				1	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			[	32	Street Addr	Address (P.O. Box Number is Not Acceptable)				
			1	33						
			1	B4	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	honzed i	nv t	me comoratio	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of ch	nanging it ment as r	ts registered registered		
SIGNATURE						d when reinstating)	ATE			
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS IN 12	
TITLE	D	DELETE	13.	E				Change		
NAME	PASIN, STEVEN		1.2 NAM	Œ					Į	
STREET ADDRESS				EET.	ADDRESS					
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		1.4 CITY-ST-ZIP		-ZIP					
TITLE	,	☐ DELETE	2.1 TITLE					Change	e ☐ Addition	
NAME			2.2 NAME		Ì					
STREET ADDRESS	·		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		T-ZIP					
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NAME		_	5.2 NAM						]	
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1			5.4 CITY		i				ĺ	
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITL		<del></del>			Change	a Addition	
TITLE .			6.2 NAN							
NAME :					ADDRESS					
STREET ADDRESS	,		6.4 CITS							

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:

CR2E034 (11/98)