

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S79072** (2)

1. Corporate Name  
**AMF ESTATE MANAGEMENT & MAINTENANCE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Officer or Director: **PHILIP D FECHTMEYER**  
9195 WINDING WOODS DR  
LAKE WORTH FL 33467

Mailing Address: **PHILIP D FECHTMEYER**  
9195 WINDING WOODS DR  
LAKE WORTH FL 33467

3. Date Incorporated or Qualified: **09/11/1991**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0290332**      Applied For:  Not Applicable:

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

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under 1971 (32 Florida Statutes):  Yes  No

2. Individual Name of Director: **21**      2b. Mailing Address: **26**

3. Date Appointed: **22**      3a. Date of Last Report: **27**

4. City & State: **23**      4. City & State: **28**

5. Name: **24**      5. Name: **25**      6. Name: **29**      6. Name: **30**

9. Name and Address of Current Registered Agent  
**FECHTMEYER, PHILIP D**  
**9195 WINDING WOODS DR**  
**LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

B1 Name: \_\_\_\_\_

B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

B3 \_\_\_\_\_

B4 City: \_\_\_\_\_

B5 State: **FL**

11. Purpose of this filing is to file Form 2010 and Form 2011 for Florida Subchapter S corporations. The above named corporation submits this statement for the purpose of changing its registered office. The corporation is not in the state of Florida. Each change was authorized by the corporation's board of directors. A change of registered office is not required by Florida Statutes.

12. OFFICERS AND DIRECTORS

|         |   |
|---------|---|
| 1. NAME | DP<br>FINK, ARTHUR<br>5311 PALM WAY<br>LAKE WORTH FL            |
| 2. NAME | D<br>FECHTMEYER, PHIL<br>9195 WINDING WOODS DR<br>LAKE WORTH FL |
| 3. NAME |   |
| 4. NAME |   |
| 5. NAME |   |
| 6. NAME |   |
| 7. NAME |   |
| 8. NAME |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: \_\_\_\_\_  Change  Addition

2. NAME: \_\_\_\_\_  Change  Addition

3. NAME: \_\_\_\_\_  Change  Addition

4. NAME: \_\_\_\_\_  Change  Addition

5. NAME: \_\_\_\_\_  Change  Addition

6. NAME: \_\_\_\_\_  Change  Addition

7. NAME: \_\_\_\_\_  Change  Addition

8. NAME: \_\_\_\_\_  Change  Addition

14. I, the undersigned, certify that the information required with this filing is substantially true and correct, and I have not signed for the purpose of obtaining a fee for a filing that is not in compliance with the provisions of the Florida Statutes. I further certify that the information required on this annual report or supplemental annual report is true and correct and that my signature shall be in the same legal effect as if made in person. I will file any amendments to this report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes.

SIGNATURE:

4/26/95