

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H01728 (5)

1. Corporation Name
AMFEL, INC.

Principal Place of Business

**4699 N. FEDERAL HWY.
SUITE 309
POMPANO BCH FL 33064
US**

Mailing Address

**4418 W. HILLSBORO BLVD.
#103
COCONUT CREEK FL 33073**

**APPROVED
AND
FILED**

95 MAY -1 AM 10:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2399535	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. 209B	26. Suite, Apt. #, etc. 209B
22. City & State	27. City & State
Pompano Beach, FL 33064	Pompano Beach, FL 33064
23. Zip	28. Zip
33064	33064
24. Country	29. Country
Broward	Broward

9. Name and Address of Current Registered Agent

**E. F. PHILLIPS
185 DEER CREEK BLVD
APT. 807
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL
B5. 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 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILLIPS, E. FENNELL	1.1 TITLE	☐ Change ☐ Addition
NAME	185 DEER CREEK BLVD APT 807	1.2 NAME	
STREET ADDRESS	DEERFIELD BCH FL	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	TD PHILLIPS, ELAINE	2.1 TITLE	☐ Change ☐ Addition
NAME	185 DEER CREEK BLVD APT 807	2.2 NAME	
STREET ADDRESS	DEERFIELD BCH FL	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	SD HUNTER, PAMELA	3.1 TITLE	☒ Change ☐ Addition
NAME	4188 NW 5TH DRIVE	3.2 NAME	
STREET ADDRESS	DEERFIELD BCH FL	3.3 STREET ADDRESS	13852 Wilmington Ct.
CITY ST ZIP		3.4 CITY ST ZIP	Jacksonville, FL 32223
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	E. Gregory Hunter
CITY ST ZIP		4.4 CITY ST ZIP	13852 Wilmington Ct.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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(3)(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: *E. Fennell Phillips* **E. Fennell Phillips, Pres.**

4/27/95 305-421-9304

(Signature and typed or printed name of signing officer or director)

(Signature and typed or printed name of Secretary of State)