

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 # 602882

1. Corporation Name

AMLEY ASSET SUBSIDIARY, INC.

Principal Place of Business

~~5753 FIRST AVE. N.~~
~~ST. PETERSBURG FL 33710~~

Mailing Address

~~5753 FIRST AVE. N.~~
~~ST. PETERSBURG FL 33710~~

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90014 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1353053

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

2. Principal Place of Business

21 23848 Hawthorne Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 23848 Hawthorne Blvd.
Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

23 City & State

Torrance, CA

28 City & State

Torrance, CA

24 Zip

90505

Country

USA

29 Zip

90505

Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME AMLEY, EDWARD A.
STREET ADDRESS 5753 FIRST AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

TITLE ST
NAME AMLEY, ROBERT B.
STREET ADDRESS 5753 FIRST AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

☒ DELETE

TITLE D
NAME WESTOVER, SAM
STREET ADDRESS 23848 HAWTHORNE BLVD., STE. 200
CITY-ST-ZIP TORRENCE CA 90505

☐ DELETE

TITLE D
NAME HAYASE, PAUL H
STREET ADDRESS 23848 HAWTHORNE BLVD., STE. 200
CITY-ST-ZIP TORRENCE CA 90505

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

310 791-5656

Date

Daytime Phone #

CR2E034 (11/98)