FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:13

DOCUMENT # **564762** **(3)**

1. Corporation Name
AMLEA (FLORIDA) INC.

Principal Place of Business	Mailing Address
102 NOCOSSA CIR P O BOX 1273 JUPITER FL 33468-8273	102 NOCOSSA CIR P O BOX 1273 JUPITER FL 33468-8273

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/22/1977**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1791739** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLADFELTER, LESLIE H.
1023 MANATEE AVENUE WEST
BRADENTON FL 34206

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	KERWIN, EDWARD P	12 NAME	
STREET ADDRESS	102 NOCOSSA CR	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	GLADFELTER, LESLIE	22 NAME	
STREET ADDRESS	1023 MANATEE AVE W	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WESTERHOUSE, PATRICIA	32 NAME	
STREET ADDRESS	1509 W SWANN AVE #100	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	CANTY, ARLENE	42 NAME	
STREET ADDRESS	102 NOCOSSA CIR	43 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LETSCH, EILEEN F.	52 NAME	
STREET ADDRESS	102 NOCOSSA CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	GRAY, GORDON C.	62 NAME	
STREET ADDRESS	102 NOCOSSA CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	64 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)(k), 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: Eileen F. Letsch 3/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203431 CP