

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **564762** (3)

1. Corporation Name

**AMLEA (FLORIDA) INC.**



Principal Place of Business

**102 NOCOSSA CIR  
P O BOX 1273  
JUPITER FL 33468-8273**

Mailing Address

**102 NOCOSSA CIR  
P O BOX 1273  
JUPITER FL 33468-8273**

3. Date Incorporated or Qualified

**12/22/1977**

3a. Date of Last Report

**04/13/1995**

4. FEI Number

**59-1791739**

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

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME **KERWIN, EDWARD P**  
STREET ADDRESS **102 NOCOSSA CR**  
CITY-ST-ZIP **JUPITER FL**

TITLE S ☐ DELETE

NAME **GLADFELTER, LESLIE**  
STREET ADDRESS **1023 MANATEE AVE W**  
CITY-ST-ZIP **BRADENTON FL**

TITLE V ☐ DELETE

NAME **WESTERHOUSE, PATRICIA**  
STREET ADDRESS **1509 W SWANN AVE #100**  
CITY-ST-ZIP **TAMPA FL**

TITLE VT ☐ DELETE

NAME **CANTY, ARLENE**  
STREET ADDRESS **102 NOCOSSA CIR**  
CITY-ST-ZIP **JUPITER FL**

TITLE V ☐ DELETE

NAME **LETSCH, EILEEN F.**  
STREET ADDRESS **102 NOCOSSA CIRCLE**  
CITY-ST-ZIP **JUPITER FL**

TITLE PD ☐ DELETE

NAME **GRAY, GORDON C.**  
STREET ADDRESS **102 NOCOSSA CIRCLE**  
CITY-ST-ZIP **JUPITER FL**

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 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: X

*Edwin F. Kerwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/96*  
Date

*407-744-4778*  
Daytime Phone #

CR2E034 (12/95)