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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 564762

(3)

1. Corporation Name AMLEA (FLORIDA) INC. Principal Place of Business 102 NOCOSSA CIR P O BOX 1273 JUPITER FL 33468-8273 JUPITER FL 33468-8273									
							3. Date incorporated or Qualified 3a. Date of Last Report 04/13/1995		
	ace of Business	2a. Mailing Address				4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For
1	11 -1-	26			•	59-1791739			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	9	City & State				6. Election Campaign Financing			
3		28				Trust Fund Contribution			May Be of to Fees
Zip	Country	7(p	<u></u>	untry		8. This corporation has liability f		tax under s	199.032,
4	25	29	30				∕es 🔀 No		
	9. Name and Address of Cu	ireilt negistered Agent		81 Na		10. Name and Address of Nev	v Registere	d Agent	
CLADEE	ITED LEGISE D								
	lter, leslie H. Watee avenue west			B2 Str	eot Addres	ss (P.O. Box Number is Not Accep	table)		
	ITON FL 34206			83					
				84 Cit					- 0
				84 Cit	У		F		p Code
11. Purquant to				1 1					
or registere familiar with	to the provisions of Sections 607.0 ed agent, or both, in the State of F Ih, and accept the obligations of, S	1502 and 607.1508, Florida Stat Florida Such change was autho Section 607.0505, Florida Statul	tutes, the ab orized by the tes.	ove-name corporation	d corporat on's board	tion submits this statement for the a of directors. I hereby accept the a	purpose of oppointment	changing its i as registered	registered offici I agent. I am
SIGNATURE	iri, and accept the obligations or, s	section 607,0505, Florida Statul	tutes, the ab orized by the tes.	ove-name corporation	d corporation's board	tion submits this statement for the a l of directors. I hereby accept the a	purpose of o ppointment	changing its i as registered	registered offici I agent. I am
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	tes. (NOTE: Registere	e Agent signa		when reinstating)	DATE		
BIGNATURE	Signature, typod or printed name of registered a OFFICERS	agent and tide if applicable. AND DIFECTORS	(NOTE: Registere	io Agerit signa			DATE	ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered in OFFICERS AS	agent and title if applicable.	(NOTE: Registere 13.	o Agent signa		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AS KERWIN, EDWARD P	agent and tide if applicable. AND DIFECTORS	(NOTE: Registere 13. 1.1 1.2 M	io Agent signa TITLE NAME	iture recjulred v	when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered in OFFICERS AS	agent and tide if applicable. AND DIFECTORS	(NOTE: Registere 13. 1.1 1.2 N	o Agent signa TITLE NAME STREET ADOR	iture recjulred v	when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP	Signature, typed or printed name of registered a OFFICERS AS KERWIN, EDWARD P 192 NOCOSSA CR	agent and tide if applicable. AND DIFECTORS	(NOTE: Registere 13. 1.1 1.2 N 1.3 S 1.4 (io Agent signa TITLE NAME	iture recjulred v	when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS AS KERWIN, EDWARD P 102 NOCOSSA CR JUPITER FL S GLADFELTER, LESLIE	agent and top if applicable. AND DIFFE CTORS DELETE	(NOTE: Registere 13. 1.1 1.2 1.35 1.4 (2.1	e Agent signa TITLE NAME STREET ADORI CITY-ST-ZIP	iture recjulred v	when reinstating)	DATE	ND DIRECTO	DRS IN 12
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SIGNATURE:X

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-744-4778
Date Destine Phone *