

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33468-1273



3. Date Incorporated or Qualified 12/22/1977
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1791739

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 34208

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ 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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

Daytime Phone #

CR2E034 (9/96)