

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90052 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 564762

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 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1977

| | |
|-----------------------------|--|
| 4. FEI Number 59-1791739 | Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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 EILEEN F. LETSCH | 82 Street Address (P.O. Box Number is Not Acceptable) 102 NOCOSSA CIRCLE | 83 | 84 City JUPITER | 85 Zip Code FL 33458 |
|-----------------------------|---|----|--------------------|-------------------------|

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 *Eileen F. Letsch*

(NOTE: Registered Agent signature required when reinstating)

DATE 3/5/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | AS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERWIN, EDWARD P | 1.2 NAME | |
| STREET ADDRESS | 102 NOCOSSA CR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLADFELTER, LESLIE | 2.2 NAME | |
| STREET ADDRESS | 1023 MANATEE AVE W | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESTERHOUSE, PATRICIA | 3.2 NAME | |
| STREET ADDRESS | 1509 W SWANN AVE #100 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 4.1 TITLE | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANTY, ARLENE | 4.2 NAME | |
| STREET ADDRESS | 102 NOCOSSA CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LETSCHE, EILEEN F. | 5.2 NAME | |
| STREET ADDRESS | 102 NOCOSSA CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 5.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAY, GORDON C. | 6.2 NAME | |
| STREET ADDRESS | 102 NOCOSSA CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 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: *Eileen F. Letsch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0373543