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FILED
Jun 18 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 # 846491

(9)

1. Corporation Name
AMICORP, INC.



Principal Place of Business

% JOSEPH A. GITLIN
836 FARMINGTON AVENUE
WEST HARTFORD CT 06119

Mailing Address

% JOSEPH A. GITLIN
836 FARMINGTON AVENUE
WEST HARTFORD CT 06119-1544

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/15/1980

3a. Date of Last Report
06/18/1996

4. FEI Number
06-0642562

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

9. Name and Address of Current Registered Agent

TITCOMB, ELLWOOD A.
711 LEMON AVE.
LAKE HELEN FL 32744

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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME
STREET ADDRESS
CITY-ST-ZIP
TITCOMB, ELLWOOD A.
711 LEMON AVE.
LAKE HELEN FL

TITLE VD
NAME
STREET ADDRESS
CITY-ST-ZIP
TITCOMB, KENT S.
400 NUT TREE DR.
DELAND FL

TITLE SD
NAME
STREET ADDRESS
CITY-ST-ZIP
TITCOMB, DANIEL
2030 LEMON AVENUE
ESCONDIDO CA

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP
TITCOMB, SANDRA B.(ASST)
711 LEMON AVE.
LAKE HELEN FL

TITLE TD
NAME
STREET ADDRESS
CITY-ST-ZIP
GITLIN, JOSEPH A.(ASST)
50 OLD MEADOW RD.
WEST HARTFORD CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
Joseph A. Gitlin 6/10/97 846-226-5833

CR2E034 (9/96)