Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90012 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| i. Corporation  | MEN! # F85557 AMOS, INC.   |  |                                     |   |                           |  |                                    |                             |
|---|--|--|-------------------------------------|---|---------------------------|--|------------------------------------|-----------------------------|
|   |  |  |                                     |   |                           |  |                                    |                             |
| Principal Place   | e of Business  | Mailing Address  |                                     |   |                           | 1 (80)(80) ilae iaisi kiiat arisi kiiri taan a   | MIC MINIC MINIC MINIC              | BIBIL 8/8() (18)            |
| 4850 MARIGOLD PLACE 4850 MARIGOLD PLACE SARASOTA FL 34231 SARASOTA FL 34231 |  |  |                                     |   |                           | DO NOT WRITE IN T  | HIS SPAÇE                          | in strong                   |
| 1   | •  |  |                                     |   |                           | 3. Date Incorporated or Qualifed 06/16/1982  |                                    | •                           |
| 2. Principal P  | lace of Business   | 2a. Mailing Address  | Mailing Address                     |   |                           | 4. FEI Number 59-2197598   | <u> </u>                           | oplied For<br>ot Applicable |
| Suite Apt.  | #, etc.  | Suite, Apt. #, etc.  |                                     |   |                           | 5. Certifcate of Status Desired  |                                    | Additional<br>equired       |
| City & Stat   | ee .   | City & State   | ¬ ′                                 |   |                           | 6. Election Campaign Financing Trust Fund Contribution   |                                    | May Be<br>to Fees           |
| Zip   | Country Zip 25 29 30   |  |                                     | ountry  8. This corporation owes the current y Personal Property Tax. |                           |  | Intangible                         | □No                         |
| <del></del>   | 9. Name and Address of Current   | Registered Agent   |                                     |   |                           | 10. Name and Address of New Register   | ed Agent                           |                             |
| FERGUSON, DAVID JAY, EA   |  |  |                                     | 81  | Name                      | (2000)   |                                    |                             |
| SARASOTA FL 34231   |  |  | [                                   | 82 Street A   |                           | dress (P.O. Box Number is Not Acceptable)  |                                    | . 6 14 1.5 /                |
|   |  |  | -                                   | 83  |                           |  |                                    |                             |
|   |  |  |                                     | 84  | City                      |  | 85 Zip                             | Code                        |
| 11. Pursuant<br>office or r   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>m familiar with, and accept the obligati   | and 607.1508, Florida Statute<br>of Florida. Such change was au<br>ons of, Section 607.0505, Flori | s, the ab-<br>thorized<br>da Statut | ove<br>by t   | -named cor<br>he corporat | poration submits this statement for the purpos-<br>ion's board of directors. I hereby accept the a | of changing its<br>pointment as re | registered<br>gistered      |
| SIGNATURE   |  |  |                                     |   |                           | <u>.</u>   |                                    | 13-4N                       |
| JONATORE  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis   |  |                                     | ered Agent signature required when reinstating) DATE                  |                           |  |                                    |                             |
| 12.   | OFFICERS AND   |  | 13.                                 |   |                           | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                        | ORS IN 12<br>☐ Addition     |
| TITLE '   | P  | ☐ DELETE   | 1.1 TITLE                           |   |                           |  | □ Citalige                         |                             |
| NAME .  | RAMOS, JOHN  |  | 1.2 NAM                             |   |                           | ·  |                                    |                             |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  | •                                   | 1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                 |                           |  |                                    |                             |
| TITLE   | VP .   | ☐ DELETE   | 2.1 TITLE                           |   |                           |  | Change                             | Addition                    |
| NAME  | LONG, ROBERT   |  | 2.2 NAME                            |   | - 1                       |  |                                    |                             |
| STREET ADDRESS  |  |  | 2.3 STRE                            |   | ADDRESS                   |  |                                    | · .                         |
| CITY-ST-ZIP   | SARASOTA FL  | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |                                     | 2.4 CITY-ST-ZIP   |                           |  |                                    |                             |
| TITLE LUCK  | Less head to the state of the s |  | 3.1 TITLE                           |   |                           |  | Change                             | ☐ Addition                  |
| NAME ON THE   |  |  | 3.2 NAN                             | ΝE  | -                         |  |                                    |                             |
| STREET ADDRESS  | SDIA RESERVE   |  | 3.3 STR                             | REET.   | ADDRESS                   |  |                                    | * 15 /03 /04<br>V 5 8 16 /5 |
| CITY+ST-ZIP   | Mark Villa 14  |  | 3.4. CIT                            |   | r-ZIP                     | 1817   |                                    | Li Calabia                  |
| TITLE   |  | ☐ DELETE   | 4.1 TITL                            |   |                           | · · · · · · · · · · · · · · · · · · ·  | িংং*[_] Change                     | . ** 🔄 Addition             |
| NAME TO THE PERSON  |  |  | 4, 2 NA                             | _   | *DODECC                   |  |                                    | į                           |
| STREET ADDRESS  |  | • • •  | 4.3 STR                             | CEE!  | ADDRESS                   |  |                                    |                             |

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 address, with all other like empowered.

☐ DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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77D F

NAME

TITLE

NAME

941-356-0588 Davitime Phone #

Change

Change

· Addition

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