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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000000805 (3)

AMITY AUTO PLAZA, LTD., INC.

**FILED** Feb 17 1997 8:00 am Secretary of State



Principal Plac	e of Busine	SS	M	Mailing Address  045 SOUTH MILITARY TRAIL: SUITE 0 WEST PALM BEACH FL 33415-3303				1 1981/188 1110 191(8 1181/ 081)) 981(1 981(1 881(1 881)) 9818) 1918 88181 91(1 8818)			
945-90UTH M											
								3. Date Incorporated or Qualified 12/22/1992		ite of Last F 15/1996	Report
2. Principal P			2a	. Mailing Address				4. FEI Number		A	pplied For
551 S. Military Trail 26				551 S. Mi	551 S. Military Trail			11-2940031	N	ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	B		Additional
22			27					3. Commode of dialog bosined			lequired
City & Stat				City & State	_	_		6. Election Campaign Financing			May Be
	Palm	Beach, FL.	28	West Palm			FL.	Trust Fund Contribution			to Fees
Zip	0/15	Country	<u> </u>	Zip	h	untry		8. This corporation has liability fo	r intangible Yes		s. 199.032,
24 3	3415	25 USA e and Address of Cu	29	33415	[30]	USA		Florida Statutes  10. Name and Address of New F			
TU		DOUGLAS E	Tern Hogis	stored Agoin		81	Name	10. Harris and Address of New Y			
		MILITARY TRAIL, SU	ITC_6					SAME			
		BEACH FL 93415	IIL U			82		ess (P.O. Box Number is Not Accepte Gun Club Rd., Suite			
-445	OT TALM	DENOTITE 33413				83	7744 (	Sun Club Ru., Suice	101		
						84	City	Dulm Docah	FL		Code
44 Durayant	to the prov	isians of Spetians 607	0502 and 6	607 1509 Florida Sta	tutes the s	above.	named corr	Palm Beach poration submits this statement for the		changing	415
office or I	registered a	agent, or both, in the S	tate of Flor	ida. Such change wa	s authorize	ed by	the corporat	poration submits this statement for the ion's board of directors. I hereby acc	ept the app	ointment as	s registered
agent. La	am familia	with and accept the o	oligations o								
SIGNATURE	Signaturo	ed or printed name of registere	d agent and till	o il applicable (A	Doug	las	E. Tho	Omp.son red when reinstaling)	01/	14/97	· · · · · · · · · · · · · · · · · · ·
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CITY-ST-ZIP	1	ant the intermedian are	والمناب المسالم	this filing does not on		CITY-ST		h in Section 119 07/3\(i) Florida Statu	too I further	contifu tha	t the

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.