

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90167 035 ***150.00

DOCUMENT # F96000006042

1. Corporation Name
AMI CAPITAL, INC.



Principal Place of Business	Mailing Address
7200 WISCONSIN AVENUE SUITE 200 BETHESDA MD 20814-4811	7200 WISCONSIN AVENUE SUITE 200 BETHESDA MD 20814-4811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

11/19/1996

4. FEI Number

51-0352032

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRY, JOHN J	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

1.1 TITLE	EVP/Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Howard S. Perkins	
1.3 STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	
1.4 CITY-ST-ZIP	Bethesda, MD 20814	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, RICHARD L ESQ	
STREET ADDRESS	315 S COLLEGE RD, SUITE 106	
CITY-ST-ZIP	LAFAYETTE LA 70503	

2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael D. Sullivan	
2.3 STREET ADDRESS	7200 Wisconsin Avenue, Suite 200	
2.4 CITY-ST-ZIP	Bethesda, MD 20814	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOEDE, MARVIN J	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARABILLO, JOSEPH A	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGINE, ROBERT A	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNN, WILLIAM H	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20001	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Michael D. Sullivan* **Michael D. Sullivan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

(301) 654-0033
Daytime Phone #

CR2E034 (11/98)