PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 AM 11:57

DOCUMENT # F99000004198

Corporation Name
AMA LAND VENTURES, INC.

Principal Place of Business	Mailing Address
197 FIRST AVE NEEDHAM MA 02194	197 FIRST AVE NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27
City & State	City & State
	28
Zip / Country 25	Zip / Country 29 30

3. Date Incorporated or Qualified: 07-22-97

4. FEI Number: 04-3382432 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FLORIDA 33324	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
E	ABRAHAM D. GOSMAN	1.2 NAME	
EET ADDRESS	513 N. COUNTY RD	1.3 STREET ADDRESS	
-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
E	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
E	JEFFREY P. NETRVAL	2.2 NAME	
EET ADDRESS	197 FIRST AVE	2.3 STREET ADDRESS	
-ST-ZIP	NEEDHAM MA 02194	2.4 CITY-ST-ZIP	
E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
E		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
-ST-ZIP		3.4 CITY-ST-ZIP	
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
E		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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****550.00 ****550.00

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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ABRAHAM D. GOSMAN