PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004107 D

A.M.A. TIMESHARES CORP.

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FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90008 002 ***550.00



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ncipal Place of Business Mailing Address									-{		
FIRST AVE EDHAM MA				197 FIRST AVENUE NEEDHAM MA 02494 .					DO NOT MENT IN THE CRACE		
								1	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
								1	07/20/1998		
Principal PI	ace of Rus	iness	2a Mailie	na Address					4. FEI Number Applied Fo		
moparr	000 OI DUS			2a. Mailing Address				}	APPLIED FOR 04-3427793 Not Applic		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					S8 75 Addition:		
, , , , , , , , , , , , , , , , , , , ,) 	27				ì	5. Certificate of Status Desired Fee Required	41	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be		
			28	28				ļ	Trust Fund Contribution Added to Fees		
Zip Country			Zip				ntry		8. This corporation owes the current year		
02494 25			29 0	29 02494 30			{		Intangible Personal Property. Yes No		
	9. Name	and Address of Curre	nt Registered	legistered Agent				10. Name and Address of New Registered Agent			
	000000	ATION OVOTEL				81	Name		•		
		ATION SYSTEM					Street A	Address	ss (P.O. Box Number is Not Acceptable)		
		PINE ISLAND ROAD									
PLA	NIAHON	FL 33324									
							City		85 Zip Code		
,						84 City			FL T		
NATURE _	Signature, type	d or printed name of registered ag	ent and title if applicat		IOTE: Registe	red Ag	ent signature	required	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
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eby cer	tify that the	information supplied wit	h this filing does	not qualify for				section	on 119.07(3)(i), Florida Statutes. I further certify that the information		

ated 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 ficer 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 sck 12 or Block 13 if changed, or or an attachment with an address.

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