

09071999-90908-027-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

999.

**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 11:55

DOCUMENT # F98000004598

Corporation Name

A.M.A. DEVELOPMENT CORP.



Principal Place of Business

 17 FIRST AVE.
 NEEDHAM MA 02194

Mailing Address

 197 FIRST AVE.
 NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

APPLIED FOR 04-3429F17

 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. ☐ Yes ☐ No

Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	CPT	☐ DELETE
ET ADDRESS	GOSMAN, ABRAHAM D	
ST-ZIP	197 FIRST AVE. NEEDHAM MA 02194	
E	VS	☒ DELETE
ET ADDRESS	CLARY, JAMES M III	
ST-ZIP	197 FIRST AVE. NEEDHAM MA 02194	
E		☐ DELETE
ET ADDRESS		
ST-ZIP		
E		☐ DELETE
ET ADDRESS		
ST-ZIP		
E		☐ DELETE
ET ADDRESS		
ST-ZIP		

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition
☐ Change ☒ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

 VS
 Jeffrey P. Wetzel
 197 First Avenue
 Needham MA 02494

\$10/4

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.

SIGNATURE:

SIGNATURE REQUIRED

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ABRAHAM D. GOSMAN

Date

Daytime Phone #

CR2E034 (5/99)