FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE * May 15, 1999 8:00 am PROFIT Katherine Harris CORPORATION Secretary of State Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 05-15-1999 90025 008 ***150.00 1999 **DOCUMENT #** Amenity Real Estate Advisors, Inc 2419 E. Commencial Blud Principal Place of Business suite 301 DO NOT WRITE IN THIS SPACE Ft. Landerdale, Fl. 33308-4042 3. Date Incorporated or Qualifed Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State [7 City & State Added to Fees Trust Fund Contribution 28 B. This corporation owes the current year Intangible 23 Country Zip Country □No ☐ Yes Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name JOHN H. Stock Amore Street Address (P.O. Box Number is Not Acceptable) 2419 East Commercial Blud. Suite 301, - ---83 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, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Addition ☐ Change 12 PRES, Sect., TRES, & DIR. DONN H. StackAMORE, A 1.1 TITLE DELETE TITLE 1.2 NAME 2419 E. Commercial 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP Addition Change CITY-ST-ZIP 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Addition Change CITY-ST-ZIP DELETE 3.1 TITLE 32 NAME " NAME 3.3 STREET ADDRESS STREET ADDRESS 34 City-ST-Zif Addition-Change | CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP Addition ☐ Change CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Change Add:tior CiTY-ST-ZIP 6.1 TITLE DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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. 64 CITY-ST-ZIP

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With HT AT OR KLUMPLE.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: