

07121999-90005-015-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # G14395
Corporation Name

AMLONG & AMLONG, P.A.

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90005 015 ***150.00

07-22-1999 90016 049 ***400.00



Principal Place of Business
KAREN C. AMLONG
30 NORTHEAST FOURTH ST., SUITE 100
FT. LAUDERDALE FL 33301-1154
S

Mailing Address
% KAREN C. AMLONG
500 NORTHEAST FOURTH ST., SUITE 100
FT. LAUDERDALE FL 33301-1154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1982

4. FEI Number

59-2333961

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐
**\$5.00 May Be
Added to Fees**

 8. This corporation owes the current year
Intangible Personal Property.
☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMLONG, KAREN C
500 N.E. FOURTH ST.
FT. LAUDERDALE FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PD AMLONG, KAREN C 500 N.E. FOURTH ST. FT. LAUDERDALE FL 33301	☐ DELETE
2. NAME	VSTD AMLONG, WILLIAM R 500 N.E. FOURTH ST. FT. LAUDERDALE FL 33301	☐ DELETE
3. NAME		☐ DELETE
4. NAME		☐ DELETE
5. NAME		☐ DELETE
6. NAME		☐ DELETE

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN C. AMLONG
PRESIDENT

7.7.99

Date

Daytime Phone #

954 462

1983

CR2E034 (5/99)