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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **G21991** **(6)**

1. Corporation Name
AMK EQUITIES, INC.

Principal Place of Business	Mailing Address
530 E. TROTTERS DRIVE MAITLAND FL 32751 US	503 E. TROTTEAS DRIVE MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1983**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business	21	1511 ONECO AVE.	
Suite, Apt. #, etc.	22		
City & State	23	WINTER PARK FL.	
Zip / Country	24 / 25	32789 / USA	
2a. Mailing Address	26	1511 ONECO AVE	
Suite, Apt. #, etc.	27		
City & State	28	WINTER PARK, FL	
Zip / Country	29 / 30	32789 / USA	

4. FEI Number: **59-2254862** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KASTEN, ALEXANDER M. 530 TROTTER DR. MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1511 ONECO AVE 83 84 City: WINTER PARK, FL 85 Zip Code: 32789

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. 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST KASTEN, ALEXANDER M. 530 E. TROTTERS DRIVE MAITLAND FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition C/P/S/T/D KASTEN, ALEXANDER M. 1511 ONECO AVE WINTER PARK FL 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KASTEN, ALEXANDER M. 530 E. TROTTERS DRIVE MAITLAND FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition DEL
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	AT KASTEN, NANCY K. 530 E. TROTTERS DR. MAITLAND FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition AT KASTEN, NANCY K 1511 ONECO AVE WINTER PARK, FL. 32789
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 3/25/95 407 628 9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CP