

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G21991** (6)

1. Corporation Name

AMK EQUITIES, INC.

Principal Place of Business

**1511 ONECO AVE
WINTER PARK FL 32789
US**

Mailing Address

**1511 ONECO AVE
WINTER PARK FL 32789
US**



3. Date Incorporated or Qualified

02/02/1983

3a. Date of Last Report

04/04/1995

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

2. Principal Place of Business

21 **174 W. COMSTOCK AVE**

2a. Mailing Address

26 **174 W. COMSTOCK AVE**

Suite, Apt. #, etc.

22 **#200**

Suite, Apt. #, etc.

27 **Suite #200**

City & State

23 **WINTER PARK, FL**

City & State

28 **WINTER PARK, FL**

Zip

24 **32789**

Country

25 **USA**

Zip

29 **32789**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KASTEN, ALEXANDER M.
1511 ONECO AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11 SAGO PALM RD.

83

84 City

VERO BEACH

FL

85 Zip Code

32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME **PSTD KASTEN, ALEXANDER M.**

STREET ADDRESS **1511 ONECO AVE**

CITY - ST - ZIP **WINTER PARK FL**

TITLE

NAME **AT KASTEN, NANCY K.**

STREET ADDRESS **1511 ONECO AVE**

CITY - ST - ZIP **WINTER PARK FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**11 SAGO PALM RD
VERO BEACH, FL 32963**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**11 SAGO PALM RD.
VERO BEACH, FL 32963**

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

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)(k), 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:

A.M. KASTEN

4/22/96 407-234-0499

CR2E034 (12/95)