

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G57541** (6)  
1. Corporation Name  
**AMALGAMATED INVESTMENT MANAGEMENT, CORPORATION**



Principal Place of Business  
**1742 CEDAR STONE COURT  
LAKE MARY FL 32746**

Mailing Address  
**1742 CEDAR STONE COURT  
LAKE MARY FL 32746**

3. Date Incorporated or Qualified  
**08/30/1983**

3a. Date of Last Report  
**07/07/1995**

4. FEI Number  
**59-2326270**

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 **116 EAST NEW ENGLAND**  
Suite, Apt. #, etc.  
22  
City & State  
23 **WINTER PARK, FL**  
Zip  
24 **32789**  
Country  
25 **ORANGE**

2a. Mailing Address  
26 **PO Box 952979**  
Suite, Apt. #, etc.  
27  
City & State  
28 **LAKE MARY, FL**  
Zip  
29 **3275-2979**  
Country  
30

9. Name and Address of Current Registered Agent

**MILLER, BRUCE CARL  
1742 CEDAR STONE COURT  
LAKE MARY FL 32746**

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

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	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	MILLER, BRUCE C	1742 CEDAR STONE COURT	LAKE MARY FL	<input type="checkbox"/>
D	MILLER, BRUCE C	1742 CEDAR STONE COURT	LAKE MARY FL	<input type="checkbox"/>
D	MILLER, CARL D	813 CREP MYRTLE CIR	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE C MILLER**

**4/16/96**

**407-644-1161**

Date

Daytime Phone #

CR2E034 (12/95)