


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G61969 (3)					
1. Corporation Name AMITY, INC.					
Principal Place of Business % MICHAEL J. BARBER, ESQ. 4698 WEST BRONSON HWY. KISSIMEE FL 34746			Mailing Address % MICHAEL J. BARBER, ESQ. 4698 WEST BRONSON HWY. KISSIMEE FL 34746-5323		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1983	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		3a. Date of Last Report 04/22/1996	
22. City & State		27. City & State		4. FEI Number 59-0000670	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEE, HENRY 2403 SOUTH ATLANTIC AVENUE DAYTONA BEACH FL			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	LEE, HENRY H				
STREET ADDRESS	2403 SOUTH ATLANTIC AVE				
CITY - ST - ZIP	DAYTONA BCH, FL 00000				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	TSO, JOSEPH SEITAR				
STREET ADDRESS	4698 WEST VINE STREET				
CITY - ST - ZIP	KISSIMEE FL				
TITLE	VST	<input type="checkbox"/> DELETE			
NAME	LEE, ROBERT				
STREET ADDRESS	2403 SOUTH ATLANTIC AVE.				
CITY - ST - ZIP	DAYTONA, BCH., FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)