FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H01728** **(5)**

1. Corporation Name
AMFEL, INC.

Principal Place of Business	Mailing Address
4699 N. FEDERAL HWY. SUITE 209 POMPANO BCH FL 33064 US	4419 W. HILLSBORO BLVD. #103 COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1984**
3a. Date of Last Report: **05/01/1994**

21	2. Principal Place of Business		
22	Suite, Apt. #, etc.		
23	City & State		
24	Zip	25 Country	
26	2a. Mailing Address: 4699 N. Federal Hwy.		
27	Suite, Apt. #, etc.: 209B		
28	City & State: Pompano Beach, FL 33064		
29	Zip: 33064	30 Country: Broward	

4. FEI Number: **59-2399535** ☐ 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

E. F. PHILLIPS
195 DEER CREEK BLVD
APT. 807
DEERFIELD BEACH FL 33442

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 _____ 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, E. FENNELL	12 NAME		
STREET ADDRESS	195 DEER CREEK BLVD APT 807	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, ELAINE	22 NAME		
STREET ADDRESS	195 DEER CREEK BLVD APT 807	23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	HUNTER, PAMELA	32 NAME		
STREET ADDRESS	4168 NW 5TH DRIVE	33 STREET ADDRESS	13852 Wilmington Ct.	
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	E. Gregory Hunter	
STREET ADDRESS		43 STREET ADDRESS	13852 Wilmington Ct.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: E. Fennell Phillips, Pres. 4/27/95 305-421-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

01(8476 CP