

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 # H01728

(5)

1. Corporation Name

AMFEL INC.

Principal Place of Business

4699 N. Federal Hwy.
Suite 209
Pompano Bch. FL 33064

Mailing Address

4699 N. Federal Hwy.
Suite 209B
Pompano Bch., FL 33064

3. Date Incorporated or Qualified
05/02/1984

3a. Date of Last Report
4/27/95

2. Principal Place of Business

2a. Mailing Address

21 10150 Belle Rive Blvd.

26 P.O. Box 54141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #2302

27

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

Zip

Country

Zip

Country

24 32256

25 USA

29 32245-4141

30 USA

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

10. Name and Address of New Registered Agent

E. F. Phillips
195 Deer Creek Blvd.
Apt. 807
Deerfield Beach, FL 33442

81 Name

E. F. Phillips

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

10150 Belle Rive Blvd.

83

#2302

84 City

Jacksonville,

FL

85 Zip Code

32256

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME Phillips, E. Fennell
STREET ADDRESS 195 Deer Creek Blvd. Apt. 807
CITY-ST-ZIP Deerfield Beach, FL 33442

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Phillips, E. Fennell
1.3 STREET ADDRESS 10150 Belle Rive Blvd. #2302
1.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE TD ☐ DELETE
NAME Phillips, Elaine
STREET ADDRESS 195 Deer Creek Blvd. Apt. 807
CITY-ST-ZIP Deerfield Beach, FL 33442

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME Phillips, Elaine
2.3 STREET ADDRESS 10150 Belle Rive Blvd. #2302
2.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE SD ☐ DELETE
NAME Hunter, Pamela
STREET ADDRESS 13852 Wilmington Ct.
CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Hunter, E. Gregory
STREET ADDRESS 13852 Wilmington Ct.
CITY-ST-ZIP Jacksonville, FL 32223

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 200001806252
4.4 CITY-ST-ZIP -05/03/96--01019--020
***200.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

E. Fennell Phillips

E. Fennell Phillips, Pres.

4/25/96 904-642-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)