

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J05556 (2)**  
 1. Corporation Name  
**AMAS DEVELOPMENT CORPORATION**



Principal Place of Business % MICHAEL A. SHIFF 2701 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311	Mailing Address % MICHAEL A. SHIFF 2701 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1103 E. Las Olas Blvd Suite, Apt. #, etc. 22 Suite 200 City & State 23 Fort Lauderdale, Fla Zip 24 33301	2a. Mailing Address 26 1103 E. Las Olas Blvd Suite, Apt. #, etc. 27 Suite 200 City & State 28 Fort Lauderdale, Fla Zip 29 33301
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3. Date Incorporated or Qualified 03/24/1986	4. FEI Number 59-2665410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
 SHIFF, MICHAEL A.  
 2701 W. OAKLAND PARK BLVD.  
 SUITE 300  
 OAKLAND PARK FL 33311

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1103 E. Las Olas Blvd
83 City	Su
84 City	Fort Lauderdale
85 Zip Code	FL 33301

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	D	<input type="checkbox"/> DELETE
NAME	BRADY, JAMES C.	
STREET ADDRESS	1508 SE THIRD AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	PV	<input type="checkbox"/> DELETE
NAME	SHIFF, MICHAEL A.	
STREET ADDRESS	2701 W OAKLAND PARK BLVD	
CITY - ST - ZIP	OAKLAND PARK 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1103 E. Las Olas Blvd #200
2.4 CITY - ST - ZIP	Fort Lauderdale, Fla 33301
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	

14. I hereby certify that the information supplied with this filing 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 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:  Michael A. Shiff 6/13/97 954-463-8900

CR2E034 (10/97)