

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:58

DOCUMENT # **J40250** (9)

1. Corporation Name
AMACORP, INC.

Principal Place of Business	Mailing Address
1600 S. HIATUS RD. P.O. BOX 8699 PEMBROKE PINES FL 33084	1600 S. HIATUS RD. P.O. BOX 8699 PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/27/1986	3a. Date of Last Report 10/04/1994
4. FEI Number 59-2740969	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	

9. Name and Address of Current Registered Agent

AMATANGELO, DENNIS E.
1838 PARK AVENUE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1600 S. HIATUS RD.
PEMBROKE PINES FL 33025

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: Dennis Amangelo **Dennis Amangelo** **1.9.95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	AMATANGELO, OTTO N.
STREET ADDRESS	1351 W. FAIRWAY RD.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	AMATANGELO, DENNIS E.
STREET ADDRESS	1838 PARK AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	STD
NAME	AMATANGELO, GUIDO
STREET ADDRESS	1341 W FAIRWAY RD.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD AMATANGELO, DENNIS E.
23 STREET ADDRESS	1600 S HIATUS RD.
24 CITY - ST - ZIP	PEMBROKE PINES, FL 33025
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 13 or 14 of this report, or on an attachment with an address.

SIGNATURE: Dennis Amangelo **Dennis Amangelo** **1.9.95** **305.432.1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Month/Year)