

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90151 043 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J40250

1. Corporation Name
AMACORP, INC.

Principal Place of Business 1600 S. HIATUS RD. P.O. BOX 0839 PEMBROKE PINES FL 33084	Mailing Address 1600 S. HIATUS RD. P.O. BOX 0839 PEMBROKE PINES FL 33084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S. HIATUS RD	2a. Mailing Address 26 1600 S. HIATUS RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINES, FL
Zip 24 33025 25	Zip 29 33025 30

3. Date Incorporated or Qualified 10/27/1986	Applied For Not Applicable
4. FEI Number 59-2740969	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

AMATANGELO, DENNIS E.
1600 S. HIATUS RD.
PEMBROKE PINES FL 33025

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

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: **27-99**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AMATANGELO, OTTO N.	
STREET ADDRESS	1351 W. FAIRWAY RD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMATANGELO, DENNIS E.	
STREET ADDRESS	1600 S. HIATUS RD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AMATANGELO, GUIDO	
STREET ADDRESS	1341 W FAIRWAY RD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LORRAINE AMATANGELO	
1.3 STREET ADDRESS	1351 W. FAIRWAY RD.	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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		

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 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, with all other like empowered.

SIGNATURE: Dennis Amatangelo DATE: **4.27.99** DAYTIME PHONE #: **954-432-1500**

CRZE034 (11/98)