

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90032 038 ***150.00

DOCUMENT # J53648

1. Corporation Name
A.M. SALES & MARKETING, INC., SOUTHWEST, FLORIDA

Principal Place of Business
P.O. BOX 361
SANIBEL ISLAND FL 33957

Mailing Address
P.O. BOX 361
SANIBEL ISLAND FL 33957



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1987

4. FEI Number

59-2765418

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 8899 BRISTOL BEND

2a. Mailing Address
26 P.O. Box 361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 FT. MYERS, FL.

City & State
28 Sanibel Island, FL.

Zip
24 33908-6696

Zip
29 33957

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMANO, MADELINE
15590 IONA LAKES DR
FT MYERS FL 33908

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:

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 P
NAME ROMANO, AMBROSE
STREET ADDRESS 15590 IONA LAKES DR
CITY-ST-ZIP FT MYERS FL 33908

1.1 TITLE P
1.2 NAME ROMANO, AMBROSE
1.3 STREET ADDRESS 8899 BRISTOL BEND
1.4 CITY-ST-ZIP FT MYERS FL 33908-6696

TITLE V
NAME ROMANO, MADELINE
STREET ADDRESS 15590 IONA LAKES DR
CITY-ST-ZIP FT MYERS FL 33908

2.1 TITLE V.P.
2.2 NAME ROMANO, MADELINE
2.3 STREET ADDRESS 8899 BRISTOL BEND
2.4 CITY-ST-ZIP FT MYERS, FL 33908-6696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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(1)(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:

Modeline Romano, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

Date

941-482-2822

Laytime Phone #

CR2E034 (11/98)

0446956