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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J55208 (9)

1. Corporation Name
AMTEC SOUTHEAST, INC.



Principal Place of Business
1021 BAY ESPLANADE
CLEARWATER FL 34630
US

Mailing Address
P.O. BOX 3187
CLEARWATER FL 34630-8187
US

3. Date Incorporated or Qualified 01/30/1987 3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
21 9 AMBLESIDE DRIVE 26 9 AMBLESIDE DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 BELLEAIR, FL 28 BELLEAIR, FL
Zip Country Zip Country
24 34616 25 PINELLAS 29 34616 30 PINELLAS

4. FEI Number 59-2766104 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
ALLBRIGHT, WILLIAM B.
1021 BAY ESPLANADE
CLEARWATER FL 34630

10. Name and Address of New Registered Agent
81 Name ALLBRIGHT, WILLIAM B.
82 Street Address (P.O. Box Number is Not Acceptable) 9 AMBLESIDE DRIVE
83 7
84 City BELLEAIR FL 85 Zip Code 34616

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 William B. Albright (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ALLBRIGHT, WILLIAM B.
STREET ADDRESS 1021 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER
TITLE STD
NAME ALLBRIGHT, CLAUDIA R.
STREET ADDRESS 1021 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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 PD
1.2 NAME ALLBRIGHT, WILLIAM B.
1.3 STREET ADDRESS 9 AMBLESIDE DRIVE
1.4 CITY-ST-ZIP BELLEAIR, FL 34616
2.1 TITLE STD
2.2 NAME ALLBRIGHT, CLAUDIA R.
2.3 STREET ADDRESS 9 AMBLESIDE DRIVE
2.4 CITY-ST-ZIP BELLEAIR, FL 34616
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: CLAUDIA R. ALLBRIGHT 1/13/97 813 441-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)