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# Mar 27 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 # **J95603** **(3)**

1. Corporation Name
**AMC TAMPA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 231 PEACHTREE STR NE<br>STE 200<br>ATLANTA GA 30303<br>US | ATTN: LEGAL DEPARTMENT<br>231 PEACHTREE STR NE. STE 200<br>ATLANTA GA 30303-1603<br>US |

3. Date Incorporated or Qualified: **10/05/1987**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 **303 Peachtree St., NE**
Suite, Apt. #, etc.
22 **Suite 4600**
City & State
23 **Atlanta, GA**
Zip 24 **30308** Country 25 **USA**

2a. Mailing Address
26 **Attn: Legal Dept.**
Suite, Apt. #, etc.
27 **303 Peachtree St. NE, Ste 4600**
City & State
28 **Atlanta, GA**
Zip 29 **30308** Country 30 **USA**

4. FEI Number: **58-1756242** ☐ 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

**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 Section 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PORTMAN, MICHAEL W. | 1.2 NAME | |
| STREET ADDRESS | 231 PEACHTREE ST. NE, SUITE 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 1.4 CITY-ST-ZIP | |
| TITLE | VPD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PORTMAN, JOHN C. III | 2.2 NAME | |
| STREET ADDRESS | 231 PEACHTREE ST. NE, SUITE 200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 2.4 CITY-ST-ZIP | |
| TITLE | VP ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MACEWEN, BRUCE W. | 3.2 NAME | |
| STREET ADDRESS | 231 PEACHTREE ST. NE, SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 3.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KAMIN, NEAL M. | 4.2 NAME | |
| STREET ADDRESS | 231 PEACHTREE ST. NE, SUITE 200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 4.4 CITY-ST-ZIP | |
| TITLE | T ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAGRONE, RUSSELL S. | 5.2 NAME | |
| STREET ADDRESS | 231 PEACHTREE ST.NE, SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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 a 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:** _____ 3/24/97 404-614-5264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Neal M. Kamin