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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L64711

AMNED PROPERTIES, INC.

	•						
Principal Place	of Business	Mailing Address			3 108/10/1 0/0 0/1/1 0/10/1 10/1		911 91911 1481
13902 N DALE MABRY HWY		13902 N DALE MABRY HWY					
STE 165		STE 165		. DO NOT WOLLD IN TH	IC CDACE		
TAMPA FL 33618-2424		TAMPA FL 33618		DO NOT WRITE IN THIS SPACE			
US		U\$			3. Date incorporated or Qualifed		
				-	04/12/1990		-lind For
		2a. Mailing Address			4. FEI Number		plied For t Applicable
		26			59-3028722	\$8.75 A	
		Suite, Apt. #, etc.	معا محاصين المارات الوارات		5. Certificate of Status Desired	Fee-Rec	
22					a Florier Committee Financing	\$5.00	
City & State		 		6. Election Campaign Financing Trust Fund Contribution	Added to	•	
23 28 Zip Country Zip			Country		8. This corporation owes the current year I		-
	25	29 30	¬ ′		Personal Property Tax.		ΣΩNo Ì
24	9. Name and Address of Current	<u> </u>	1		10. Name and Address of New Registere		
	5. Name and Address of Current	registered Agent	81	Name			
MYEI	RS, W. P						
13902 N DALE MABRY HWY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
STE 165		83				i	
	PA FL 33618						
17 41415	7.12 55515		84	City	F	85 Zip C	ode
) CO7 4500 Florido Ctolutos	the about		poration submits this statement for the purpose		registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autr	nonzea by	tne corporati	on's board of directors. I hereby accept the app	ointment as reg	jistered (
SIGNATURE					and when reinstation) DATE		\
	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AN	D DELETE	1.1 TITLE		ADDITIONAL TRANSPORT	Change	Addition
i	-	_ 5555.4	1.2 NAME				(
NAME	FRANSEN, VICTOR R.			FADDRECC			
STREET ADDRESS	0000 0001111 01111 111		1.3 STREET	1			
CITY-ST-ZIP	JACKSONVILLE FL						
TITLE	D	□ DELETE	1.4 CITY-S	1.712		☐ Change	☐ Addition
NAME	DOCKSTOP DOMANGELL III	☐ DELETE	2.1 TITLE	1-212		Change	☐ Addition
STREET ADDRESS	PRENTICE, BRYANT H., III	DELETE	2.1 TITLE 2.2 NAME			Change	Addition }
	6900 SOUTHPOINT DR. N.	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	TADDRESS		☐ Change	☐ Addition }
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TITLE	6900 SOUTHPOINT DR. N. JACKSONVILLE:FL-	a se estado en estado en estado en estado en estado en entre en estado en entre en entre en entre en entre en	2.1 TITLE 2.2 NAME 2.3 STREET 2.74 CITY/S 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS ST-ZIP		. سيسر د ي	
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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.

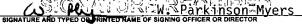
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90001 022 ***150.00