

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L64711**

1. Entity Name

AMNED PROPERTIES, INC.**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 017 ***150.00

Principal Place of Business	Mailing Address
15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613 US	13902 N DALE MABRY HWY STE 165 TAMPA FL 33613-1225 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	15436 N. FLORIDA AVE. SUITE 101

City & State	City & State
	TAMPA FL
Zip	Country
33613	USA

4. FEI Number	59-3028722	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYERS, W. P 13902 N DALE MABRY HWY STE 165 TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC C. HUTCHINSON **REQUIRED** DIRECTOR 4/24/00 (703) 506-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #