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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65790

(1)

AMC ORLANDO, INC.

| FILED              |   |
|--------------------|---|
| Apr 16 1998 8:00am | 1 |
| Secretary of State |   |

| Principal Place of Business Mailing Address   |                                       |   | ı raziobin yıf birğı biyli şodib ibini bödi bibin bibin bibin bibin bibin bibin bibin |  |
|---|---------------------------------------|---|---|--|
| 303 PEACHTREE ST NE<br>SUITE 4600<br>ATLANTA GA 30308   |                                       | ATTENTION: LEGAL DEPARTMENT<br>303 PEACHTREE ST NE SUITE 4600<br>ATLANTA GA 30308 |   | DO NOT WRITE IN THIS SPACE   |
| US  | US                                    |   |   | 3. Date Incorporated or Qualified  |
|   |                                       |   |   | 01/26/1988   |
| 2. Principal Place of Business  | 2a. Mailing Address                   |   |   | 4. FEI Number Applied For  |
| 21  | 26                                    | · · · · · · · · · · · · · · · · · · ·   |   | 58-1774202   Not Applicable  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |   |   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |
| City & State  | City & State                          |   |   | 6. Election Campaign Financing \$5.00 May Be   |
| Zip Country   | 28 Zip                                | Country   | ,   | Trust Fund Contribution Added to Fees  |
| 24 25   | 29                                    | 30  |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No   |
| 9. Name and Address of Curi   |                                       | 1301  |   | 10. Name and Address of New Registered Agent   |
| CT CORPORATION SYSTEM   |                                       | 81  | Name  |  |
| 1200 S. PINE ISLAND ROAD  |                                       |   | 01 11   |  |
| PLANTATION FL 33324   |                                       | 82  | Street  | t Address (P.O. Box Number is Not Acceptable)  |
| L DATE NOTE OF  |                                       | 83  |   | <u> </u>   |
|   |                                       | ļ <u>.</u>  |   |  |
|   |                                       | 84  | City  | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stangent. I am familiar with, and accept the ob-     | ite of Florida. Such change was a     | authorized by   | the cor   | d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE   |                                       |   |   |  |
| Signature, typed or pented name of registered   |                                       |   | nt signature  | re required when reinstating) DATE   |
|   | ND DIRECTORS                          | 13.   |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE PD  | ☐ DELETE                              | 11 TITLE  |   | Change Addition  |
| NAME PORTMAN, MICHAEL W.  |                                       | 12 NAME   |   |  |
| STREET ADDRESS 231 PEACHTREE ST. NE, S  | SUITE 200                             | 13 STREET   | ADDRESS   |  |
| CITY-ST-ZIP ATLANTA GA  |                                       | 14 CITY-S   | T- ZIP  |  |
| TITLE VPO   | ☐ DELETE                              | 2 1 TITLE   |   | Change Addition  |
| NAME PORTMAN, JOHN C III  | N #27 400                             | 2.2 NAME  |   |  |
| STREET ADDRESS 231 PEACHTREE ST. NE, S  | SUITE 200                             | 23 STREET   |   | <b>⊘</b> •   |
| CITY-ST-ZIP ATLANTA GA  | DELETE                                | 2. 4 CITY - 9   | ST-ZIP  |  |
| TITLE VP  | L. J Utticit                          | 3.1 TITLE   |   | L. Change L. Addition  |
| NAME MACEWEN, BRUCE W. STREET ADDRESS 231 PEACHTREE ST. NE, S   | LITE OOO                              | 3.2 NAME  |   |  |
| ATH ANDE OF   | OHE 200                               | 3 3 STREET  |   |  |
| TITLE SD  | DELETE                                | 3.4. CITY - S<br>4.1 TITLE  | 51 - ZIP  | Change Addition  |
| NAME KAMIN, NEAL M.   | LJ otecit                             | 4. 2 NAME   |   |  |
| STREET ADDRESS 231 PEACHTREE ST. NE, S  | LIITE 900                             |   | 4 DODE CC   |  |
| CITY-ST-ZIP ATLANTA GA  | OIL EOU                               | 4.3 STREE1<br>4.4 CITY-S  |   |  |
| TITLE T   | DELETE                                | 5.1 TITLE   | 1-211   | Change Addition  |
| NAME LAGRONE, RUSSELL S.  |                                       | 5.2 NAME  |   |  |
| STREET ADDRESS 231 PEACHTREE ST. NE, S  | UITE 200                              | 5.3 STREET  | ADDRESS   |  |
| CITY-ST-ZIP ATLANTA GA  |                                       | 5.4 CITY - S  |   |  |
| TITLE   | DELETE                                | 6.1 TITLE   |   | Change Addition  |
| NAME  |                                       | 6.2 NAME  |   |  |
| STREET ADDRESS  |                                       | 6.3 STREET  | ADDRESS   |  |
| CITY-ST-ZIP   |                                       | 6.4 CITY - S  |   |  |
| 14. Thereby certify that the information supplied   | with this filing does not qualify for | or the exempt   | ion state   | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |
| indicated on this annual report or supplement<br>officer or director of the corporation or the re<br>Block 12 or Block 13 if changed, or on an al | reciver or trustee empowered to a     | execute this i  | it my sig<br>report as  | gnature shall have the same legal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in         |