

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90035 017 ***150.00

DOCUMENT # M71600

1. Corporation Name

AMCO MARKETING COMPANY

Principal Place of Business

Mailing Address

~~1005 G LINTON LAKE DR~~
~~DELRAY BEACH FL 33446~~

~~1005 G LINTON LAKE DR~~
~~DELRAY BEACH FL 33446~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1988

4. FEI Number

65-0034927

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10279 N. CIRCLE LAKE DR

2a. ~~1005 G LINTON LAKE DR~~ P.O. Box 741122

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 ~~1005 G LINTON LAKE DR~~

City & State

City & State

23 BOYNTON BEACH FL

28 ~~1005 G LINTON LAKE DR~~

Zip

Country

Zip 33474-1122 Country

24 33437

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, DALE F.
309 NORTHEAST FIRST STREET
DELRAY BEACH FL 33483

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MILLER, SYLVAN

STREET ADDRESS ~~1005 LINTON LAKE DR G~~

CITY-ST-ZIP ~~DELRAY BCH. FL~~

TITLE D ☐ DELETE

NAME BEAR, STANLEY

STREET ADDRESS 27 BRISTOL LANE

CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME GREENSTONE, JOSEPH H.

STREET ADDRESS 27 BRISTOL LANE

CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10279 N CIRCLE LAKE DRIVE, #202

1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Sylvan Miller RE-SYLVAN MILLER

Date

361-737-9030

Daytime Phone #

CR2E034 (11/98)

0373684