* PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78460 1. Corporation Name

A M D PROPERTIES INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business Mailing Address 6586 UNIVERSITY BLVD. 19650 MARDI GRAS ST WINTER PARK FL 32782 ORLANDO FL 32833

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28

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Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED

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DO NOT WRITE IN THIS SPACE
rated or Qualifed
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4.	FEI Number			Applied For	
	59-2889201		Not Applicab		
5.	Certificate of Status Desired		-	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6.	Election Campaign Financing Trust Fund Contribution		•		
8.	This corporation owes the curre Personal Property Tax.	ent year l	ntangible Yes	□No	

DETABLAN, CLARITA 19650 MARDI GRAS ST ORLANDO, FL 32833

25

Country

9. Name and Address of Current Registered Agent

	10. Name and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City R5 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 appoinment as registered great Lam familiar with and accept the obligations of Section 607.0505. Florida Statutes.

Country

agent. La	m tantillar with, and accept the obligations of, Section 607	.0303, Florida	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	egistered Agent signature requi	ited when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE	11 TITLE		Change	[_] Addition
NAME	DETABLAN, AGAPITO M. JR		12 NAME			
STREET ADDRESS	19650 MARDI GRAS ST		13 STREET ADDRESS			
CITY+ST-ZIP	ORLANDO FL		1.4 CiTY-ST-ZiP			
TITLE		ELETE	21 TITLE	500002921: -07/01/990	Change	Addition
NAME	DETABLAN, CLARITA		22 NAME	_nz/n1/991	10880	nos 🛅 l
STREET ADDRESS	19650 MARDI GRAS ST		23 STREET ADORESS	****150.00	****1	50.00
CITY-ST-ZIP	ORLANDO FL		2 4 CITY+ST-ZIP	(4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
TITLE		DELETE	3 1 TITLE		Change	☐ Addition
NAME			32 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZiP			
TITLE		DELETE	51 TITLE		Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		[] Change	Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADORESS		_	1-014
			■ i			16 1 1 1 1

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 other like empowered

SIGNATURE:

(407) 568-8622

To whom it may concern the lorforation has

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