

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N38896****(9)**

1. Corporation Name

**AMMIA, INC.**

Principal Place of Business

% JACK P. PANKOW  
12730 NEW BRITANNY BLVD., STE. 304  
FT MYERS FL 33907  
US

Mailing Address

% JACK P. PANKOW  
12730 NEW BRITANNY BLVD., STE. 304  
FT MYERS FL 33907-3646  
US

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

26

Suite, Apt. #, etc.

**22**

27

City &amp; State

**23**

28

City &amp; State

**24**

Zip

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PANKOW, JACK P.  
13180 N CLEVELAND AVE  
STE 237  
N FT MYERS FL 33903

3. Date Incorporated or Qualified

**06/29/1990**

3a. Date of Last Report

**03/04/1996**

4. FEI Number

**65-0261828**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

 No

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> HYDE, ROBERT J. 12730 NEW BRITANNY BLVD., STE. 304 FT MYERS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> MILLER, THOMAS WAINWRIGHT 12730 NEW BRITANNY BLVD., STE. 304 FT MYERS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> PANKOW, JACK P. 13180 N CLEVELAND AVE, STE 237 N FT MYERS F	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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; that I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes are made attachment with an address.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97- 941-939-7303

Date

Daytime Phone # 0065379

CR2E037 (9/96)