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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000003521 (0)

1. Corporation Name

AVEC AMIS (WITH FRIENDS), INC.

Principal Place of Business

7110 PARTRIDGE LANE  
ORLANDO FL 32807

Mailing Address

P.O. BOX 574601  
ORLANDO FL 32857-4601



3. Date Incorporated or Qualified  
07/25/1995

3a. Date of Last Report  
05/16/1996

4. FEI Number  
59-3338929

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WATKINS, LYNNE  
7110 PARTRIDGE LANE  
ORLANDO FL 32807

10. Name and Address of New Registered Agent

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 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. (Keep the same person as in Box 9)

SIGNATURE Lynne Watkins  
Signature/Typed or printed name of registered agent and title if applicable

LYNNE M. WATKINS  
(NOTE: Registered Agent signature required when reinstating)

4-6-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME D'AMORE, JOHN D  
STREET ADDRESS 1070 ROYAL OAKS DR.  
CITY-ST-ZIP APOPKA FL

TITLE VD ☐ DELETE  
NAME WATKINS, LYNNE  
STREET ADDRESS 7110 PARTRIDGE LANE  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE  
NAME WATKINS, RICHARD  
STREET ADDRESS 7110 PARTRIDGE LANE  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE  
NAME D'AMORE, PAMELA  
STREET ADDRESS 1070 ROYAL OAKS DR.  
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE  
NAME WATKINS, UNNEA  
STREET ADDRESS 7110 PARTRIDGE LANE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME COLBY, ANN E ESQ.  
STREET ADDRESS 305 ELKHORN CT.  
CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela D'Amore 5/23/97 (407) 297-4563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Address

CR2E037 (9/96)