2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2004 8:00 am Secretary of State

DOCUMENT # P01000108116 1. Entity Name AMI PROPERTIES, INC.			04-07-2004 90039 043 ***150.00		
AMI PROFERTIES, INC.					
Principal Place of Business 336 GROVE AVENUE SUITE B WINTER PARK, FL 32789	Mailing Address 336 GROVE AVENUE SUIT WINTER PARK, FL 32789	TE B	Managan s	5402755	57
mister (hitty) E 32700	WATER TRANSPE 52700	- -	(TEANIEM IN ARIEN III) A BUR		
2. Principal Place of Business 415 S. Orlando Avc.	415 S. Orlando Ave. 415 S. Orlando Ave.				
Suite, Apt. #, etc. Bldg.4	Suite, Apt. #, etc.		04042004 Chg-P	CR2E034 (10/03)	
Winter Park, Fe	City & State (1) when fark	Fu	4. FEI Number 59-3758304		oplied For ot Applicable
32789 Country USA	^{Zip} 2789	Country USA	5. Certificate of Status De	esired	
6. Name and Address of Current	Registered Agent		7. Name and Address of		
MOORE, RICHARD G		Name	(8.0. B N		
336 GROVE AVENUE SUITE B WINTER PARK, FL 32789		StreetAddress (P.O. Box Number is Not Acceptable)			
		Blds-4			
The above named entity submits this statement for	or the purpose of changing its re-		rlark	FL 3	189
the obligations of registered agent.	or the purpose of changing its re	diareten nuice of rediare	ared agent, or both, in the Sta	ite of Fibrica. Tari jamitar witi;	and accept
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable:, (NOTE: R	legistered Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		5.00 May Be ded to Fees		
10. · · · · · · · · · · · · · · OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	
NAME PSTD NAME MOORE, RICHARD G	☐ Delete	TITLE NAME	A	Change,	Addition
STREET ADDRESS 336 GROVE AVENUE SUITE B CITY-ST-ZIP WINTER PARK, FL 32789		STREET ADDRESS 4 13	s s. Orlando, nterpark, Fi	. 32789	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delate	CITY-ST-ZIP		☐ Change	☐ Addition
NAME		NAME STREET ADDRESS			اشج الوساد.
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME	, <u>-</u>	☐ Change	☐ Addition
STREET ADDRESS		STREET ADORESS			ļ
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE	<u> </u>	☐ Change	Addition
NAME	_ Delete	NAME		Silango	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	- Delete	TITLE		☐ Change	- Addition
NAME STREET ADDRESS CITY-ST-ZIP	enset Le Transport	STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empths of the corporation or an attachment with an address.	xowered to execute this report as	ne exemption stated in S signature shall have the s required by Chapter 60	Section 119.07(3)(i), Florida S e same legal effect as if made 07, Florida Statutes; and that	tatutes. I further certify that the is under oath; that I am an office my name appears in Block 10 c	nformation or director or Block 11 if