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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P08645

(4)

FILED Mar 19 1998 8:00am Secretary of State

AMERICAN MANAGEMENT ASSOCIATIONS, INC.									
Principal Plac	e of Business	Mailing	Address				i sodilogi alk dolor torio distr dangk dist	i Blait Aibit Atáit Ail	AL BERNE MEDEL FRANC
ATTN JOHN KNOX P O BOX 319 BARANAC LAKE NY 12983 US ATTN JOHN KNOX P O BOX 319 SARANAC LAKE NY 12983 US US						-	 Date Incorporated or Qualified 01/06/1986 FEI Number 23-7259445 	<u> </u>	Applied For
21 26			Mailing Address						5 Additional Required
Suite, Apt.	₩, etc.	Sult 27	te, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		O May Be
City & State Ci		City & State				7. Is this nonprofit corporation a homeowners association?			
į Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Cour	try		8. This corporation owes or has paid		Intangible
24	25	29		30			Personal Property Tax due June 30		No No
	9. Name and Address of C		d Agent				10. Name and Address of New Regis		
					1 Nam	ne .			
UNITED STATES CORPORATION COMPANY				}	Stree	et Address	s (P.O. Box Number is Not Acceptable))	
1201 HAYES ST SUITE 105			ľ	33					
TALLAH	ASSEE FL 32301			};	4 City			FL 85 2	ip Code
11. Pursuant	to the provisions of Sections 61	7.0502 and 617.18	508, Florida Statut	es, the ab	ove-name	ed corpore	ation submits this statement for the pur		g its registered
Office or r agent. I s	registered agent, or both, in the am familiar with, and accept the	State of Florida. S obligations of, Sec	tuch change was to otion 617.0503, Flo	suthorized orlda Statu	by the co tes.	orporation	ation submits this statement for the pur is board of directors. I hereby accept t	ine appointment	as registered
SIGNATURE .	Signature, typed or printed name of registe	and an end and distant and	ALOY	E. Doublesed	Annu alaasi	have seemileed a	when reinstating)	DATE	
12.		S AND DIRECTOR		13.	- Con spren	tore required t	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
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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 frustee 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:

In & Ellebite DI RETURNER BOLISTEN

3/6/18

176-69/-1500 XZZ 19