

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90165 013 ****61.25

DOCUMENT # P08645

1. Corporation Name

**AMERICAN MANAGEMENT ASSOCIATION INTERNATIONAL, I
NC.**

Principal Place of Business

ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE NY 12983
US

Mailing Address

ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE NY 12983
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/06/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7259445

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **PASQUALE, MICHAEL F.**
STREET ADDRESS **14 E. CHOCOLATE AVE.**
CITY-ST-ZIP **HERSHEY PA 17033**

TITLE **PCEO** ☐ DELETE

NAME **WEATHERSBY, GEORGE**
STREET ADDRESS **1601 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **S** ☐ DELETE

NAME **CONWAY, PATRICIA**
STREET ADDRESS **1601 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 1001**

TITLE **D** ☐ DELETE

NAME **CARRION, RICHARD L.**
STREET ADDRESS **362 NAIL ST.**
CITY-ST-ZIP **SAN JUAN, PUERTO RICO 00936-2708**

TITLE **D** ☐ DELETE

NAME **O'NEILL, JAMES J.**
STREET ADDRESS **SKY CHEFS INC. 524 E. LAMAR BLVD.**
CITY-ST-ZIP **ARLINGTON TX 76011**

TITLE **T** ☐ DELETE

NAME **EDELSTEIN, JOHN E.**
STREET ADDRESS **1601 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

718-891-1500
Daytime Phone #

CR2E037 (11/98)