FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P15265 Corporation Name

AMEBEC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3616 MAGNOLIA POINT BLVD

FILED Mar 20 1998 8:00am Secretary of State



3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1987 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 13-2927133 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROYAL, BERT, V 3616 MAGNOLIA PT BLVD Street Address (P.O. Box Number is Not Acceptable) 82 GREEN COVE SPRINGS FL 32043 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or priefed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE Change 1.1 TITLE Addition SCHAD, THOMAS NAME 1.2 NAME 3616 MAGNOLIA POINT BLVD STREET ADDRESS 1.3 STREET ADDRESS **GREEN COVE SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change ___ Addition ROYAL, BERT V. NAME 2.2 NAME 3616 MAGNOLIA POINT BLVD STREET ADDRESS 2.3 STREET ADDRESS GREEN COVE SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change __ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information 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 period 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op in althourant with an address