

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P17828 (5)

1. Corporation Name
A.M.A. CHARTER CORP.

Principal Place of Business

513 N COUNTY RD
PALM BEACH FL 33480

Mailing Address

513 N COUNTY RD
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1988

3a. Date of Last Report

04/25/1996

4. FEI Number

04-2992804

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME GOSMAN, ABRAHAM D.
STREET ADDRESS 513 N COUNTY RD
CITY-ST-ZIP PALM BEACH FL ☐ DELETE

TITLE V
NAME GOSMAN, ANDREW
STREET ADDRESS 197 FIRST AVE
CITY-ST-ZIP NEEDHAM MA ☐ DELETE

TITLE S
NAME MANN, RICHARD, S
STREET ADDRESS 197 FIRST AVE
CITY-ST-ZIP NEEDHAM MA ☒ DELETE

TITLE V
NAME GOSMAN, MICHAEL, M
STREET ADDRESS 197 FIRST AVE
CITY-ST-ZIP NEEDHAM MA ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Vice President ☐ Change ☒ Addition
12 NAME Robert M. Kaufman
13 STREET ADDRESS 197 First Ave.
14 CITY-ST-ZIP Needham, MA

21 TITLE Vice President, Treasurer ☐ Change ☒ Addition
22 NAME Frederick Leathers
23 STREET ADDRESS 197 First Ave.
24 CITY-ST-ZIP Needham, MA

31 TITLE Vice President, Secretary ☐ Change ☒ Addition
32 NAME James M. Clary, III
33 STREET ADDRESS 197 First Ave.
34 CITY-ST-ZIP Needham, MA

41 TITLE Assistant Secretary ☐ Change ☒ Addition
42 NAME Michael J. Bohnen
43 STREET ADDRESS 197 First Ave.
44 CITY-ST-ZIP Needham, MA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E034 (4/97)