## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# 1999 **DOCUMENT # P28580**

1. Corporation Name

### AMVETS SERVICES INCORPORATED OF D.C.

| ACCOUNT OTATE DD 7          | Principal Place of Business |  |  |  |  |  |  |  |  |  |
|-----------------------------|-----------------------------|--|--|--|--|--|--|--|--|--|
| STE. #G<br>MARGATE FL 33063 | MARGATE FL 33063            |  |  |  |  |  |  |  |  |  |

Mailing Address

# **FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90057 018 \*\*\*\*61.25

| 1507 N. STATE<br>STE. #G<br>MARGATE FL 3<br>US   |  | 1507 N. STATE RD. 7<br>STE. #G<br>MARGATE FL 33063<br>US |                |       |  |   |                        |             |              |  |
|--|--|--|----------------|-------|--|---|------------------------|-------------|--------------|--|
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address                                      |                |       |  | 3. Date Incorporated or Qualifed 03/22/1990 |                        |             |              |  |
| Suite, Apt.  | #, etc.  | Suite, Apt #; etc.                                       |                |       |  | =4.=FEI:Number======                        |                        | <del></del> | plied-For    |  |
| 22   |  | 27   |                |       |  | 52-1655193                                  |                        |             | t Applicable |  |
| City & State   | e  | City & State   |                |       | 5. Certifcate of Status Desired              |   | <b>\$8.75</b> A Fee Re |             |              |  |
| 23 Zip   | Country  | Zip  |                |       |  | 6. Election Campaign Financing              |                        | \$5.00      | May Be       |  |
| 24   | 25   | 29   | 30             |       |  | Trust Fund Contribution Added to Fees       |                        |             |              |  |
| 9. Name and Address of Current Registered Agent  |  |  |                |       | 10. Name and Address of New Registered Agent |   |                        |             |              |  |
|  |  |  |                | 81    | Name   |   |                        |             |              |  |
|  | PORATION SYSTEM  |  | 82 Street Addr |       |  | ess (P.O. Box Number is Not Accept          | able)                  | <u> </u>    |              |  |
|  | TH PINE ISLAND ROAD  |  | }              | 83    |  |   |                        |             |              |  |
| PLANTATIO  | ON FL 33324  |  | į              | _     |  |   |                        |             |              |  |
|  | . *  |  |                | 84    | City   | •   | FL                     | 85 Zip C    | 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  Strengture, printing opens of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |  |                |       |  |   |                        |             |              |  |
| 12.  |  |  |                |       | anginaturo inquirec                          | ADDITIONS/CHANGES TO OF                     |                        | DIRECTO     | RS IN 12     |  |
| TITLE  | PD   | DELETE   | 1,1 TIT        | LE    |  |   |                        | Change      | Addition     |  |
| NAME   | RAMSEY, JOE F., JR.  |  | 1.2 NA         | ME    |  |   | ,                      |             |              |  |
| STREET ADORESS   | 4647 FORBES BLVD.  |  | 1.3 ST         | REET  | ADDRESS                                      |   |                        |             |              |  |
| CITY-ST-ZIP  | LANHAM MD  | 1.4 CF   |                |       | -ZIP   |   |                        |             |              |  |
| TITLE  | VD   | ☐ DELETE 2.1 TI  |                | ĽΕ    |  |   |                        | Change      | ☐ Addition   |  |
| NAME   | richito, booci ii .  |  | 2.2 NA         | ME    |  | •   |                        |             |              |  |
| _STREET ADDRESS  | The state of the s |  |                |       | ADDRESS                                      |   |                        |             |              |  |
| CITY-ST-ZIP  |  |  |                | TY-ST | F-ZIP  | <del></del>                                 | •                      | Change      | Addition     |  |
| TITLE  | STD DELETE 3.1   |  |                |       |  |   |                        |             | ٠, ١,٠٠٠     |  |
| NAME   | THOMPSON, ROBERT W.<br>4647 FORBES BLVD.   |  | 3.2 NA         | _     | ADDRESS                                      |   |                        |             |              |  |
| STREET ADDRESS   | LANHAM MD  |  | 3.4. CT        |       |  |   |                        |             |              |  |
| TITLE  | DELETE 4.17  |  |                |       |  | •   |                        | Change      | ☐ Addition   |  |
| NAME   |  |  | 4. 2 N         | ME    |  |   |                        |             |              |  |
| STREET ADDRESS   |  |  | 4.3 ST         | REET. | ADDRESS                                      |   |                        |             |              |  |
| CITY-ST-ZIP  |  |  | 4.4 CIT        | Y-ST  | - ZIP  |   |                        |             |              |  |
| πιε  |  | ☐ DELETE   | 5.1 TIT        |       |  |   |                        | Change      | ☐ Addition   |  |
| NAME   |  | •  | 5.2 NA         |       | ADDDECC                                      |   | •                      | •           |              |  |
| STREET ADDRESS   |  |  |                |       | ADDRESS                                      |   |                        | ,           |              |  |
| CITY-ST-ZIP  |  | ☐ DELETE   | 5.4 CIT        |       | -411   |   |                        | Change      | Addition     |  |
| TITLE "  |  | ☐ pereig   | 6.2 NA         |       | 1  |   | *                      |             |              |  |
| NAME   | ,  | •  |                | _     | ADDRESS                                      |   |                        |             |              |  |
| STREET ADDRESS   | /  |  | 6.4 CIT        | Y-ST  | -ZIP   |   |                        |             |              |  |

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 peport 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 copporation or the receiver of 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 attainment with an address, with all other like empowered. with all other like empowered.

JOE F. RAMSEY, JR.

SIGNATURE: