FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003315 (7)**

1. Corporate Name
THE AMALIE CORPORATION, INC.

Principal Place of Business
1847 ENGLEWOOD ROAD
SUITE 177
ENGLEWOOD FL 34223

Mailing Address
1847 ENGLEWOOD ROAD
SUITE 177
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0404271 — 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
D'AMOUR, MICHELE
1847 ENGLEWOOD RD.
SUITE 177
ENGLEWOOD FL 34223

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

12. OFFICERS AND DIRECTORS

01 TITLE	DP
02 NAME	D'AMOUR, MICHELE
03 STREET ADDRESS	1847 ENGLEWOOD RD., SUITE 177
04 CITY, ST, ZIP	ENGLEWOOD FL 34223
05 TITLE	
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE	☐ Change ☐ Addition
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	
05 TITLE	☐ Change ☐ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

14. I, the undersigned, hereby, that the information supplied with this form is substantially identical and does not qualify for the exemption defined in Section 119.07(3)(i), Florida Statutes. Further, I 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 of this report or on an attachment with an officer title.

SIGNATURE: Michele D. D'Amour — 04/28/95 — 813/697-7687

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0338143 CP