FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P93000003315 (7)

THE AMALIE CORPORATION, INC.									
711ta 71		,							
Principal Place of Business Mailing Address							 		#
1847 ENGLEWOOD ROAD 1847 ENGLEWOOD ROA SUITE 177 SUITE 177 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223									
ENGLEWOOI	D FC 34223	ENGLEWOOD FL 3422	3			3. Date Incorporated or Qualified 01/14/1993		ate of Last R 05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0404271	Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	****1			5. Certificate of Status Desired		\$8.75	Additional Required
City & State	}	Crty & State	·······			6. Election Campaign Financing Trust Fund Contribution		\$5.0	0 May Be d to Fees
Zip	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\subseteq \text{ No} \)			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name				
D'AMOUR, MICHELE 1847 ENGLEWOOD RD.			}	82	Street Addre	address (P.O. Box Number is Not Acceptable)			
Suite 1		}	83						
ENGLEWOOD FL 34223				84	City		F	85 Zij	p Code
familiar wit	h, and accept the obligations of, Sec	nda. Such change was authorize ction 607.0505, Florida Statutes.	s, the aboved by the o	ve-na orpor	med corpora ation's board	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of a jointment a	hanging its r as registered	egistered office Lagent. Lam
				Agent s	ignature required	where reinstating)	DATE		
TITLE	DP OFFICERS A	OFFICERS AND DIFFE CTORS 13. DP DELETE 1.1				ADDITIONS/CHANGES TO OFF	ICERS AN		
NAME	D'AMOUR, MICHELE	DIAMOND MICHELE		1. 1 TrillE 1.2 NAM€				☐ Change	Addition
STREET ADDRESS	1847 ENGLEWOOD RD., SI	UITE 177			DDBeec				
CITY-ST-ZIP	ENGLEWOOD FL 34223		1		DDRESS				
TITLE		☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		ZIP			Change	Addition
NAME	22							L Unange	
STREET ADDRESS					OUBESS				
CITY-S1-ZIP				2 3 STREET ADDRESS 2 4 CITY - ST - ZIP					
TITLE		DELETE			<u> </u>			Change	Add tion
NAME	_		3.2 NAI	3.2 NAME					
STREET ADDRESS			3 3, \$1	REET A	DDRESS				
CITY-ST-ZIP	IP			Y-\$1.					
TITLE	DELETE			4. 1 TITLE				Change	Addition
NAME			4.2 NAI	ME	•				
STREET ADDRESS			4.3 \$16	REET AD	DDRESS				
CITY-ST-ZIP			4.4 Crt	Y-SI.	ZIP				
TITLE			5. 1 7.1	5. 1 TITLE				Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			53816	REET AT	ODRESS				
CITY-ST-ZIP	**************************************		5 4 CIT	Y-SI-	ZIP				
TITLE	DELETE		6 1 111	6 1 TITLE				Change	Addition
NAME			6.2 NA	MΕ					
STREET ADDRESS			6.3 STF	REET AD	DDRESS				
CITY-ST-ZIP			6.4 CIT	Y - ST -	ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Dichele d'Amour Michele d'Amour signature and type on printed name of signing officer or director

941/697-7687