

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000003315 (7)

1. Corporation 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/14/1993	
22 1811 Englewood Rd, Suite 177		27 1811 Englewood Rd, Suite 177		4. FEI Number	
23 City & State		28 City & State		65-0404271	
24 Zip		29 Zip		Applied For	
34223		34223		Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired	
USA		USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing	
D'AMOUR, MICHELE		81 Name		<input type="checkbox"/> \$5.00 May Be Added to Fees	
1847 ENGLEWOOD RD.		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes or has paid the current year Intangible	
SUITE 177		1811 Englewood Rd		Personal Property Tax due June 30.	
ENGLEWOOD FL 34223		83 Suite 177		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		84 City			
		Englewood			
		FL			
		85 Zip Code			
		34223			

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 Michael Amour DATE 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	D'AMOUR, MICHELE	1.2 NAME	
STREET ADDRESS	1847 ENGLEWOOD RD., SUITE 177	1.3 STREET ADDRESS	1811 Englewood Rd, Suite 177
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 Michael Amour DATE 4/29/98 941473-2271

CR2E034 (10/97)