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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000025271

A.M.D. VENTURES, INC.

1999

Principal Place of Business	
8348 LOCKWOOD RIDGE RD SARASOTA FL 34243 US	

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90017 019 ***150.00



Principal Place	of Business	Mailing Address	••		1 10 011 00 t tre teles trett agent a fint series	18116 11881 B1118 1181		
8348 LOCKWOOD RIDGE RD 8348 LOCKWOOD RIDGE RD SARASOTA FL 34243 US US US		DO NOT WRITE IN T	HIS SPACE					
					 Date Incorporated or Qualified 04/06/1993 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number ,	Α	opplied For	•
21		26			65-0399851		ot Applicable	1.0
Suite, Apt. :	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		. Additional Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren				10. Name and Address of New Registe	red Agent		
DALE	· · · · · · · · · · · · · · · · · · ·			81 Name				
8348	ESSANDRO, ALAN LOCKWOOD RIDGE RD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u> </u>	er e agran harry	
SAR/	ASOTA FL 34243			83				
				84 City		FL 85 Zip	Code	
11 Dureigant I	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statu	ites, the a	bove-named co	progration submits this statement for the purpos	e of changing it	is registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change was :	authorized	ov tne comora	ation's board of directors. I hereby accept the a	ppointment as r	egistered	
agent. Lar	m ramiliar with, and accept the obligat		_	0 0 1 -	200000	_99		
SIGNATURE	Mr. 18 mm	(+ 1	an	111712	2801010	- ,		
	Signature broad or printed name of registered agen	nt and title if applicable. (NOT		Agent signature requ	uired when reinstating) DAT	Ε		2
12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOT		Agent signature requ	ADDITIONS/CHANGES TO OFFICER	E S AND DIRECT	ORS IN 12	(00)
12.		, , , , , , , , , , , , , , , , , , ,	E: Registered			S AND DIRECT		144,000)
т-	OFFICERS AN	D DIRECTORS	E: Registered	TLE				(00/77/00)
TITLE	P D'ALESSANDRO, ALAN	D DIRECTORS	13. 1.1 TI 1.2 N.	TLE				(44/00)
TITLE NAME STREET ADDRESS	OFFICERS AN	D DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S	TLE AME		☐ Change	e	CD07004 (44,000)
TITLE NAME	P D'ALESSANDRO, ALAN 4387 LONGCHAMP DR.	D DIRECTORS	13. 1.1 TI 1.2 N. 1.3 S	TLE AME TREET ADDRESS ITY-ST-ZIP			e	(00) 747 (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ALESSANDRO, ALAN 4387 LONGCHAMP DR.	D DIRECTORS	E: Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 C	TLE AME TREET ADDRESS ITY-ST-ZIP TLE		☐ Change	e	V00000 444,000
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6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: