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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000054605 (9)**

1. Corporation Name
AMAI, INC.



Principal Place of Business
**6015 TRAILWOOD DRIVE
PORT ORANGE FL 32127**

Mailing Address
**6015 TRAILWOOD DRIVE
PORT ORANGE FL 32127-8733**

3. Date Incorporated or Qualified **08/02/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZUBICARAY, MELANIE
6015 TRAILWOOD DRIVE
PORT ORANGE FL 32127**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME
ZUBICARAY, MELANIE
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ZUBICARAY, SALVADOR
STREET ADDRESS
6015 TRAILWOOD DRIVE
CITY - ST - ZIP
PORT ORANGE FL 32127

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0023404

CR2E034 (9/96)