

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

0314767

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90037 039 \*\*\*150.00

DOCUMENT # P93000067152

1. Corporation Name  
A.M.P.'D MANAGEMENT, INC.



Principal Place of Business  
2701 E SUNRISE BLVD  
SUITE #310  
FORT LAUDERDALE FL 33304  
US

Mailing Address  
2701 EAST SUNRISE BLVD  
SUITE #310  
FORT LAUDERDALE FL 33304  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number  
65-0439330

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2775 E. Oakland Park Blvd

Suite, Apt. #, etc.

22 6

23 Ft. Lauderdale FL

24 33306 25 USA

2a. Mailing Address

26 2775 E. Oakland Park Blvd

Suite, Apt. #, etc.

27 6

28 Ft. Lauderdale FL

29 33306 30 USA

9. Name and Address of Current Registered Agent

ROCHE, ASHLING  
2701 E SUNRISE BLVD #310  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Roche, Ashling Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) 2775 E. Oakland Park Blvd #6  
83  
84 City Ft. Lauderdale FL 85 Zip Code 33306

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

Ashling Roche

(NOTE: Registered Agent signature required when reinstating)

3/10/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PT  
NAME ROCHE, ASHLING  
STREET ADDRESS 1300 S.E. 17TH ST CAUSEWAY #217  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition  
1.2 NAME Roche, Ashling  
1.3 STREET ADDRESS 2775 East Oakland Park Blvd #6  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33306

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Ashling Roche 3/10/99 (954)630-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)