

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 PM 12:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000084555 (0)**

1. Corporation Name

**AMOS WORLDWIDE, INC.**

Principal Place of Business

**4215 WEST ALVA  
TAMPA FL 33614  
US**

Mailing Address

**582 VINE AVE  
DUNEDIN FL 33608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/10/1993**

3a. Date of Last Report

**01/20/1994**

4. FEI Number

**59-3217454**

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

2. Principal Place of Business

**21 4215 West Alva Street**

2a. Mailing Address

**26 4215 West Alva Street**

Suite, Apt. #, etc.

**22 Unit B**

Suite, Apt. #, etc.

**27 Unit B**

City & State

**23**

City & State

**28 Tampa, FL**

Zip

**24**

Country

**25**

Zip

**29 33614**

Country

**30**

**Hillsboro**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANKAU, STEPHEN L  
111 MADISON ST  
SUITE 2300  
TAMPA FL 33602**

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 607.1608, 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 the # applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **KOTCH, CHRISTINE AMOS**  
STREET ADDRESS **582 VINE AVE**  
CITY- ST- ZIP **DUNEDIN FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

**DP** ☐ Change ☐ Addition  
**Kotch, Christine Amos**  
**4215 West Alva Street, Unit B**  
**Tampa, FL 33614**

TITLE **S**  
NAME **PISKLO, NICOLE AMOS**  
STREET ADDRESS **% 582 VINE AVE**  
CITY- ST- ZIP **DUNEDIN FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

**S** ☐ Change ☐ Addition  
**Pisklo, Nicole Amos**  
**4215 West Alva Street, Unit B**  
**Tampa, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

**VP** ☐ Change ☒ Addition  
**La Plante, John L.**  
**6530 W. Hillsborough Ave**  
**Tampa, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Christine Amos Kotch**

*Christie Amos Kotch*

**4/14/95 (813) 870-2022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #