

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000027313 (3)

1. Corporation Name
AMLENE, INC.



Principal Place of Business

1930 SW 10TH ST
BOCA RATON FL 33486

Mailing Address

1930 SW 10TH ST
BOCA RATON FL 33486

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21 4275A Okeechobee Blvd

2a. Mailing Address

26 4275A Okeechobee Blvd

4. FEI Number

65-0496099

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

23 City & State
W.P.B. FL

28 City & State
W.P.B. FL

24 Zip
33409

25 Country
USA

29 Zip
33409

30 Country

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A
1930 SW 10TH ST
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4275A Okeechobee Blvd

83

84 City
W.P.B.

FL

85 Zip Code
33409

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MILLS, GERALD
1930 SW 10TH ST
BOCA RATON FL 33486

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MILLS, STEVEN
1930 SW 10TH ST
BOCA RATON FL 33486

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MILLS, MARLENE
1930 SW 10TH ST
BOCA RATON FL 33486

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

970 Berr Island Circle
W.P.B., FL 33409

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

2856 Tennis Club Dr #604
W.P.B., FL 33417

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

970 Berr Island Circle
W.P.B. FL 33409

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

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

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

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or if a new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

689-5751

Daytime Phone #

CR2E034 (12/95)