

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

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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027313 (3)**

1. Corporation Name  
**AMLENE, INC.**

Principal Place of Business  
**4275-A OKEECHOBEE BLVD.  
W. PALM BEACH FL 33409  
US**

Mailing Address  
**4275-A OKEECHOBEE BLVD.  
W. PALM BEACH FL 33409-3230  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0496099</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CARMAN, DEBORAH A 4275-A OKEECHOBEE BLVD. W. PALM BEACH FL 33409</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, GERALD</b>	1.2 NAME	
STREET ADDRESS	<b>970 BEAR ISLAND CIRCLE</b>	1.3 STREET ADDRESS	<b>1317 Cape Coral Pkwy E.</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>2856 TENNIS CLUB DRIVE, #601</b>	2.3 STREET ADDRESS	<b>1317 Cape Coral Pkwy E.</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Cape Coral FL 33904</b>
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, MARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>970 BEAR ISLAND CIRCLE</b>	3.3 STREET ADDRESS	<b>1317 Cape Coral Pkwy E.</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Cape Coral FL 33904</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in Chapter 607, Florida Statutes.

SIGNATURE:  **STEVEN A. MILLS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97  
Date

941 338-6710  
Daytime Phone #

CR2E034 (9/96)