FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN IF STATE Sandra B. Morrin Secretary of S

DIVISION OF CORPORTIONS

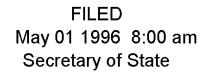
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DOCUMENT #

1. Corporation Name

P94000039729 (6)

ASSET MANAGEMENT CONCEPTS, INC.



Principal Place of Business Mailing Address) (Såliåt) ift ifti åldi åldi sålt sålt sam ann ann ann ann ann ann ann ann					
3859 BEE RII SARASOTA F		3859 BEE RIDGE R	3859 BEE RIDGE RD. SARASOTA FL 34233					
					3. Date Incorporated or Qualified 05/26/1994	3a. Date of 07/1	Last Re 9/19 (eport 95
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0494131	L	h	Applied For Not Applicable
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	∖pt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State)	City & State	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Added to Fe		
Zip	Country	Zip	Cur	ntry	This corporation has liability for i Florida Statutes	ntangible tax u	nder s	199.032,
24	25 25	[29]	30		10. Name and Address of New R		ent	
	9. Name and Address of	Current Registered Agent		81 Name	10. Name and Address of New Fi	egistered Ag	.,,,	
FACED	DETED A							
FAGER, 3859 BE			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
SARASC)TA FL 34233		ļ	83				
I				84 City		FL	85 Z	ip Code
or registere familiar wit	ed agent, or both, in the State	07.0502 and 607.1508, Florida Sta of Florida. Such change was autho of, Section 607.0505, Florida Statu	orized by the (ve-named corpor corporation's boa	ration submits this statement for the pul rd of directors. I hereby accept the app	nose of chanc	ing its gistered	registered office d agent. I am
SIGNATURE _	Signature, typed or printed name of regist	eout agent and title J applicable	(NOTE: Bagistered	Agent signature require	ed when reinstating?	DATE		· ·
12.		RS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	DR\$ IN 12
TITLE	D	DELETE	1, 11	ITLE			Change	Addition
NAME	FAGER, PETER G 1.2 NAI		AME					
STREET ADDRESS	CADACOTA EL 24222		1.3 \$1	REET ADDRESS		•		
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NAME			5.2 N					
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THLE		☐ DELETE	6. 1 1			Ц	อและเกิด	L) Monitori
NAME			6.2 N					
STREET ADDRESS			a de la composição de l	TREET ADDRESS				
CITY-ST-ZIP	La carie attant the fatour - 1'	molind with this filing is unburbedly		door not qualify	for the exemption stated in Section 119	07/3\/k) Flori	da Stat	utes I further

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 on an attachment with an address.

SIGNATURE:

Harly Her 6 Jagger Ature and typed of Printed Name of Signing Officer or Director

4/34/9C

941-927-1135

Daytime Phone #