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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041377

A. M. F. ENTERPRISES, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90041 040 ***158.75

| 7, 30, 11 | ENTERN MOLO, MO | | | | | | | | | |
|---|--|--|---|--|--|--|--|----------------|--------------------------------|--|
| Principal Place | e of Business | Mailing | Address | | | | | 1 46111 EBIN (| | 18411 1881 188 1 |
| 916 NORFOLK | CT | 916 NOF | RFOLK CT | | | | | | | |
| LONGWOOD FL | | | OOD FL 32750 | | | | DO NOT WRITE | E IN THIS | SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed | L IN THIS | OFACE | |
| | | | | | | | 05/31/1994 | | | |
| 2 D | tons of Business | 20 Mail | ling Addrose | | | | 4. FEI Number | | An | plied For |
| | lace of Business | <u> </u> | ling Address | | | | 59-3247191 | | | t Applicable |
| Suite, Apt. | # 010 | 26 Suite | e, Apt. #, etc. | | | | | | \$8.75 | |
| 22 Suite, Apt. | #, etc. | 27 | e, Apt. #, c.c. | حسنت | | | =5-Certifcate of Status Desired | | Fee Re | |
| City & State | | | & State | | | | 6. Election Campaign Financing | _ | \$5.00 | May Be |
| 23 | • | 28 | | | | | Trust Fund Contribution | | Added | |
| Zip | Country | Zip | | Cour | ntry | | 8. This corporation owes the curre | nt year Int | angible | |
| 24 | 25 | 29 | ſ | 30 | - | | Personal Property Tax. | • | ŬYes | □No |
| ^~ | 9. Name and Address of | | d Agent | | | | 10. Name and Address of New Re | gistered | Agent | |
| | | | | | 81 | Name | | | | |
| FLYN | NN, DONALD E | | | } | 82 | Street Add- | ess (P.O. Box Number is Not Acceptab | nle) | | |
| 916 | NORFOLK CT | | |] | 02 | Sliber vanie | ess (P.O. Box Number is Not Acceptate | na) | | |
| LON | GWOOD FL 32750 | | | ļ | 83 | | | | | |
| | | | |]. | | | | | | Code |
| | | | | į | 84 | City | | FL | 85 Zip (| Loue |
| 11. Pursuant | to the provisions of Sections | 607,0502 and 607.15 | 08, Florida Statute | es, the at | oove- | named corpo | pration submits this statement for the p | Mi pose oi | 4 | _: |
| l office or r | m familiar with, and accept th | ne State of Florida. Su ne obligations of, Sect | uch change was ai tion 607.0505, Floi | uthorized rida Statu | by thurtes. | ne corporatio | in's board of directors. I hereby accept | . ине арроп | ntment as re | gistered |
| office or n agent. I a | registered agent, or both, in the farniliar with, and accept the Signature, typed or printed name of regions. | ne State of Florida. Sum obligations of, Sect | cable. (NOTE: | uthorized rida Statu | by thurtes. | ne corporatio | n's poard of directors. I hereby accept | DATE DATE | Timent as re | gistered . |
| office or nagent. I a | egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of regions. | ne State of Florida. Su ne obligations of, Sect | cable. (NOTE: | rida Statu Registered | by thutes. | ne corporatio | in's board of directors. I hereby accept | DATE DATE | Timent as re | gistered . |
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| office or ragent. I a SIGNATURE 12. TITLE NAME | egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of registerial D FLYNN, DONALD E | ne State of Florida. Sum obligations of, Sect | uch change was altion 607.0505, Flor | Registered 13. 1.1 TIT | Agent s | signature required | n's poard of directors. I hereby accept | DATE DATE | ND DIRECTO | DRS IN 12 |
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14. Thereby 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:

GNING OFFICER OR DIRECTOR