

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 # P94000041961 (1)

1. Corporation Name

AMENITY SERVICES OF AMERICA, INC.



Principal Place of Business

4448 CYPRESS MILL RD
KISSIMMEE FL 34746
US

Mailing Address

4448 CYPRESS MILL RD
KISSIMMEE FL 34746
US

2. Principal Place of Business

21 435 W. VINE STREET

Suite, Apt. #, etc.

22 SUITE #201-A

City & State

23 KISSIMMEE, FL

Zip

24 34741-4189

Country

25 OSCEOLA

2a. Mailing Address

26 435 W. VINE STREET

Suite, Apt. #, etc.

27 SUITE #201-A

City & State

28 KISSIMMEE, FL

Zip

29 34741-4189

Country

30 OSCEOLA

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

01/25/1995

4. FEI Number

59-3254715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
#1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.1508, 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 Member Agent

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BOYD, LARRY G
STREET ADDRESS 4448 CYPRESS MILL ROAD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME D BOYD, SONJA
STREET ADDRESS 4448 CYPRESS MILL ROAD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

435 W. VINE STREET, SUITE #201-A
KISSIMMEE, FL 34741-4189

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

435 W. VINE STREET, SUITE #201-A
KISSIMMEE, FL 34741-4189

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

000001773250
-04/09/96--01033--018
***200.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96 407-829-2153

CR2E034 (12/95)