

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000057860 (6)

1. Corporation Name:

AMENITY II CORPORATION

Principal Place of Business

7838 PINE TREE DR
TEMPLE TERRACE FL 33637
US

Mailing Address

7838 PINE DRIVE
TAMPA FL 33637



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1994

4. FEI Number

59-3257281

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 11806 B. SKYLAKES PL.
Suite, Apt. #, etc.

22

City & State

23 TEMPLE TERRACE, FL

Zip

24 33617

Country

25 HILLSBOROUGH

2a. Mailing Address

26 11806 B. SKYLAKES PL.
Suite, Apt. #, etc.

27

City & State

28 TEMPLE TERRACE, FL

Zip

29 33617

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

TOPP, MARK A
7838 PINE DRIVE
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name

MARK A. TOPP

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

11806 B. SKYLAKES PL.

83

84

City TEMPLE TERRACE

FL

85 Zip Code

33617

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 and printed in Block 12, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/98

12. OFFICERS AND DIRECTORS

TITLE

NAME DIRECTOR
TOPP, JOAN T.
STREET ADDRESS 7838 PINE DRIVE
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

PRESIDENT
TOPP, JOAN T.

11806 B. SKYLAKES PL.

TEMPLE TERRACE, FL 33617

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

600002543426

-06/02/98--01017--039

***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

TOPP, JOAN T.

3/15/98

06/02/98

CR2E034 (10/97)