SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENI#	P94000057860
Corporation Name	1 34000007 000

AMENITY II CORPORATION

Principal Place of Business
11806 B SKYLAKE PL. TEMPLE TERRACE FL 33617
US

D 1. (

Mailing Address

11806 B SKYLAKE PL. TEMPLE TERRACE FL 33617

FILED Aug 09, 1999 8:00 am Secretary of State

08-09-1999 90005 035 ***550.00

US	10E FE 33017	US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/05/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For	
21 1/5	11 FOWLER AUE.	26 13229 EME	FAD AC	59-3257281 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	7-7	City & State		6. Election Campaign Financing \$5.00 May Be	
23 TA	MPA, FL.	28 DOVER	FL.	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year	
24 336	12 25	29 30	3	Intangible Personal Property. Yes No	
ا عام العام	g. Name and Address of Current	-1		10. Name and Address of New Registered Agent	
			81 Name		
TOP	P, MARK A		20 0		
	96 B SKYLAKE PL:		82 Stree	Address (P.O. Box Number is Not Acceptable) 3229 EMERALD ACRES AVE.	
TEM	IPLE TERRACE FL 33617		83 - / -	127 EMETALD ACTOS ACTO	
, _			55		
			84 City	DOVER FL 85 Zip Code 33527	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes, f	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 title if applicable. (NOTE:	Registered Agent signs	ure required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 13229 EMERALD ACRES AVE. 1001ER Flor 33527	
TITLE	Р	DELETE	1.1 TITLE	Change Addition	
NAME	TOPP, JOAN T.	77 200010	1.2 NAME	1	
STREET ADDRESS	11808 B SKYLAKE PL.		1.3 STREET ADDRESS	13229 EMERALD ACRES AUE.	
	TEMPLE TERRACE FL 33617	-	1.4 CITY-ST-ZiP	13229 EMERALD ACRES AUE. DOVER, FL. 33527	
CITY-ST-ZIP TITLE	TEMPLE TEMPLETE GOOT	DELETE	2.1 TITLE	Change Addition	
		L DELETE	2.2 NAME	Change Addition	
NAME		!			
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS	<u>,</u>		3.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME		 -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5,4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME		77 nerese	6.2 NAME		
+			6.3 STREET ADDRESS		
STREET ADDRESS	r	ļ	1		
CITY-ST-ZIP	wife, that the information according with	thin filing door not qualify for the	6.4 CITY-ST-ZIP	in section 110 (17(3)(i) Florida Statutes I further certify that the information	
14. I 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 it made under barn; that it 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: