

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 # P94000079434 (4)

1. Corporation Name

AMA FINANCIAL SERVICES, INC.



Principal Place of Business

29605 US HWY 19 N  
SUITE 260  
CLEARWATER FL 34621

Mailing Address

PO BOX 6900  
CLEARWATER FL 34618

3. Date Incorporated or Qualified  
10/28/1994

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3295795

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

9. Name and Address of Current Registered Agent

ALTAMURA MARSH & ASSOCIATES INC  
29605 US HWY 19 N  
SUITE 260  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name AMA Financial Services, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
29605 U.S. Hwy. 19 North, STE 260  
83  
84 City Clearwater FL 85 Zip Code 34621

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 607.0605, Florida Statutes.

SIGNATURE

*David H. Noe*

DAVID H. NOE, President 4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	LEONARD N ALTAMORA	29605 US HWY 19 N	CLEARWATER FL	<input checked="" type="checkbox"/>
ST	JACK T MARSH	29605 US HWY 19 N	CLEARWATER FL	<input checked="" type="checkbox"/>
VP	DAVID NORTHCUTT	29605 US HWY 19 N	CLEARWATER FL	<input checked="" type="checkbox"/>
V	NOE, DAVID	29605 HWY 19 NORTH	CLEARWATER FL 34621	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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President

29605 U.S. Hwy. 19 N., STE 260  
Clearwater, FL 34621

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: *David H. Noe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

813-787-8744

Daytime Phone #

CR2E034 (12/95)