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

Mailing Address

· PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024147

A M G CHEM, CORP.

Principal Place of Business

840 N.W. 91 ST		840 N.W. 91ST TERRACE PLANTATION FL 33324							•
PLANTATION FL	_ 33324	FEMILIATION 12 30021	•			DO NOT W	RITE IN THIS	SPACE	
					•	3. Date Incorporated or Qualifo 03/24/1995	ed		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26	÷			65-0571329		N	ot Applicable
Suite, Apt. i	# etc.	Suite, Apt. #, etc.							Additional
22	, 200	27				5. Certifcate of Status Desired		Fee R	equired
City & State	8	City & State				6. Election Campaign Financin	ng 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the o	urrent year Int		_
24	25	29	30			Personal Property Tax.	· <u>-</u>	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Ne	w Registered	Agent	
				81 N	Name	,			İ
GIOF	rdano, allan a			82 5	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		. :
	N.W. 91ST TERRACE			-	54,001,100.5		<u> </u>	<u> </u>	
PLAN	NTATION FL 33324			83	,			建设设置	
	•			84 (City		1 214 5 12 7466	85 Zip	Code
				-	,		<u> </u>		
11. Pursuant office or ri agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig	502 and 607.1508, Florida S te of Florida. Such change w gations of, Section 607.0505	Statutes, the al vas authorized 5, Florida Statu	oove-n by the utes.	named corpo e corporation	ration submits this statement for his board of directors. I hereby ac	ne purpose or cept the appoi	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable.	(NOTE: Registered	Agent sig	gnature required	when reinstating)	DATE		
1	Signature, types of printed neme of registrates of								
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
12.		AND DIRECTORS		ī,E			OFFICERS AN	ID DIRECT	ORS IN 12 Addition
	PD					ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD GIORDANO, ALLAN D		Έ ·1.1 ΤΠ 1.2 ΝΑ		DDRESS		<u>OFFICERS AN</u>		
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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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 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.

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90047 033 ***150.00