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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000040824 (1)  AMCON INCORPORATED								
Principa! Place	of Business	Mailing Address				<b>Do</b> n'i <b>de</b> ir <b>de</b> ir i	JIAN BAND IDA	0 12011 <b>310</b> 1 1041
61 GRAND CANAL DR SUITE 100 MIAMI FL 33144		61 GRAND CANAL DE Suite 100 Miami Fl 33144						
WIPON 1 C 001		MICHIEL SOLT			<ol> <li>Date Incorporated or Qualifice 05/23/1995</li> </ol>	ed <b>3a</b> . Da	te of Last Re	eport
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FET Number 65 - 65	58604		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	×		Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	g 🖸		O May Be
Zip	Country	Zip	Country		8. This corporation has liability		tax under s	199.032,
24 25		29	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	g. Name and Address of Curr	eni negistereu Agent		Name	10, maine and Address of Ne	w negistered	Agent	
CRUMP.	ROBERT		82		Address (P.O. Box Number is Not Accep	ntable'		··
14810 SW 97 AVE			83					
MAMI FI	L 33176			<u> </u>				
			84	City		FI	<b>85</b>   Zı	o Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fil n, and accept the obligations of, Sc	02 and 697.1508. Florida Statut orida. Such change was authorizacion 607.0505, Florida Statutes	les, the above- red by the cons	named cor poration's t	rporation submits this statement for the board of directors. Thereby accept the a		nanging its r is registered	egistered office agent. I am
familiar with SIGNATURE _	n, and accept the obligations of, So Squakes specification for tell number regions as	ection 607.0505, Florida Statutes  ectamolecture (16)  NO DIRECTORS	s.		rporation submits this statement for the board of directors. I hereby accept the answer at the resisting.  ADDITIONS/CHANGES 10.6	purpose of chappointment a		
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certify that the information indicated on this arimal report or supplemental arimual 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 conjunctation to 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 conjunctive that I am an efficience of the conjunctive that I am an efficiency of the conjunctive that I am efficiency of the conjunctive that I am efficiency of the conjunc

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME QUESTIONING OFFICER OR DIRECTOR

4/Blace non-only