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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000070667 (7)

1. Corporation Name
AMAN & LINS, P.A.

Principal Place of Business
14502 N DALE MABRY HIGHWAY
SUITE 314
TAMPA FL 33618

Mailing Address
P.O. BOX 271370
TAMPA FL 33688-1370



2. Principal Place of Business

21 14502 N. Dale Mabry Highway
Suite, Apt. # etc.

22 Suite 300

City & State

23 Tampa FL

24 33618

Country

25 USA

2a. Mailing Address

26 14502 N. Dale Mabry Highway
Suite, Apt. #, etc.

27 Suite 300

City & State

28 Tampa FL

29 33618

Country

30 USA

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

04/15/1996

4. FEI Number

59-3334096

Applied For

Not Applicable

6. 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

LINS, D. MICHAEL
14502 N DALE MABRY HIGHWAY
SUITE 314
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

D. Michael Lins

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

14502 N. Dale Mabry Highway

83 Suite

Suite 300

84 City

Tampa

FL

85 Zip Code
33618

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

D. Michael Lins
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AMAN, JEFFREY A
STREET ADDRESS 14502 N DALE MABRY HWY STE 314
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ DELETE

NAME LINS, D. MICHAEL
STREET ADDRESS 14502 N DALE MABRY HWY STE 314
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE D ☒ Change ☐

1.2 NAME Jeffrey A. Aman
1.3 STREET ADDRESS 14502 N. Dale Mabry Highway, Suite 300
1.4 CITY-ST-ZIP Tampa, FL 33618

2.1 TITLE D ☒ Change ☐

2.2 NAME ~~Michael~~ D. Michael Lins
2.3 STREET ADDRESS 14502 N. Dale Mabry Highway, Suite 300
2.4 CITY-ST-ZIP Tampa, FL 33618

3.1 TITLE ☐ Change

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

D. Michael Lins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

(813) 265-0004
Daytime Phone