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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081379

Principal Place of Business	Mailing Address	
P.O. BOX 936	P.O. BOX 936	
EDGEWATER FL 32132	EDGEWATER FL 32132	

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90102 048 \*\*\*150.00

D&SC	AMSHAFT CORPORATION							
Principal Place	e of Business	Mailing Address				-	# <b>838</b> # <b>#1988</b> [#]	10010 (0): 1001
P.O. BOX 936 P.O. BOX 936 EDGEWATER FL 32132 EDGEWATER FL 32132							20105	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 10/18/1995		
2. Principal P	Place of Business	2a. Mailing Address			3	4. FEI Number	Ap	pplied For
21		26	-			59-3337785	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	le	City & State			<del></del> -	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Registered	Agent	
, ,,,,,	- 1411111414 PA			81  1	Name			
llove, William D 435B2 Airpark Road			82 3	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	EWATER FL 32132			83	··-			
					014		[05] Zin (	Code
					City	FL	.     '_	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such change wa	s authorize	d by the	amed corpo e corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoint	changing its intment as re	registered egistered
SIGNATURE							_	
	Signature, typed or printed name of registered agent				gnature required	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO  Change	DRS IN 12
ΠΩE	D	☐ DELETE	1.1 T			•	□ ¢nange	
NAME	LOVE, WILLIAM D			AME .				1 :
STREET ADDRESS				TREET AC				
CITY-ST-ZIP	EDGEWATER FL 32132	☐ DELETE		JTY-ST-Z	IP		☐ Change	Addition
TITLE		L DELETE	2.1 T 2.2 N					١, ١,٠٠٠
NAME STREET ADDRESS				TREET AD	IDRESS			-
STREET ADDRESS			. 1	CITY-ST-2	ì			1
CITY-ST-ZIP		DELETE	3.1 T				Change	☐ Addition
NAME			3.2 N		ł		_	Ţ
STREET ADDRESS	·			TREET AD	DRESS			}
CITY-ST-ZIP				CITY-ST-Z				
TITLE		☐ DELETE		TILE			Change	Addition .
NAME			4.21	NAME				{
STREET ADDRESS			4.3 S	TREET AD	DRESS			[
CITY-ST-ZIP			4.4 0	ITY-ST-Z	IP			
TITLE		. DELETE	5.1 T	TTLE			☐ Change	Addition
NAME			5.2 N	IAME.	·			
STREET ADDRESS			5.3 S	TREET AC	DRESS			ì
CITY-ST-ZIP				ITY-ST-Z	P			
TITLE		☐ DELETE	6.1 T				☐ Change	Addition
NAME A			6.2 N	IAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP