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

**CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048071 (0)

AMDEV REALIT SERVICES, IN	<b>u</b> .				
Principal Place of Business	Mailing Address		r sanivani vid satis gitti gafti obits dutit bûtte bindi tottî ûbiti tosan jibi 1801		
237 ERNESTINE ST. P.O. BOX 3789 ORLANDO FL 32801 ORLANDO FL 32802 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/30/1996			
2. Principal Place of Business	2a. Mailing Address	4.	FEI Number Applied For		
21	26		<b>59-3387301</b> Not Applicable		
Suile, Apt. #, etc	Suite, Apt. #, etc.	5.	Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State	6.	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country <b>25</b>	Zip Ci	ountry 8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
g, Name and Address of C	urrent Registered Agent	·	10. Name and Address of New Registered Agent		
MOORE, DONALD L JR. 237 ERNESTINE ST. ORLANDO FL 32801		81 Name 82 Street Address (I 83	P.O. Box Number is Not Acceptable)		
		84 City	FL 85 Zip Code		
office or registered agent, or both, in the		ed by the corporation's	on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered		
SIGNATURE Signature typics or printed having of register	estagent and life Lappy able (NOTE Registe	red Agnint signature required when	ruinstaing) DAYE		

office or re agent 1 a	ogistored agent, or both, in the State of Flori in familiar with, and accept the obligations o	da. Such change was a f. Section 607.0505, Flo	uthorized by the corpora rida Statutes.	tion's board of directors. I hereby accept the appointment as	registered
SIGNATURE	<u> </u>				
	Signature, typind or printed transe of registered agend and title	· - · · · - · · · · · · · · · · · · · ·	Registered Agent signature requi		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	DPAS	DELETE	1.1 TITLE	Change	Addition
NAME	MOORE, DONALD L JR.		1.2 NAME		
STREET ADDRESS	237 ERNESTINE ST		1 3 STREFT ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - \$1 - ZIP		
TETLE	VPAS	☐ DELETF	2.1 TITLE	Change	Addition
NAME	Moore, Donald L Sr.		2 2 NAME		
STREET ADDRESS	237 ERNESTINE ST.		2 3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		2 4 CITY-ST-ZIP		_
THTLE	DVPS	□ DELFTE	3 1 THILE	Change	Addition
NAME	CALHOUN, MICHAEL D		3.2 NAME		
STREET ADDRESS	237 ERNESTINE ST.		3 3 STRFE1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-\$1-7IP		
TITLE		DELETE	4 1 TITLE	Change	☐ Addition
name			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
1) [LE		DELETE	5 1 TITLE	☐ Change	Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$1 - ZIP			54CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	☐ Change	Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - 7IP		

14. Thereby contrify 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporated or the processor of the 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, drop at attachment with an address.

SIGNATURE:

4-30-98

**FILED** 

May 15 1998 8:00am

Secretary of State