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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049255 (8)

AMPA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4833 SANDLAKE ROAD

FILED Apr 03 1998 8:00am Secretary of State



ORLANDO FL 32819		ORLANDO FL 32819	ORLANDO FL 32819			DO NOT WRITE IN THIS SF	PACE		
						3. Date Incorporated or Qualified	, TOL		
						06/07/1996			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	$\neg T$	Applied For	
21		26	26			59-3382476		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.	75 Additional	
22		27	27			5. Certificate of Status Desired	Fe	e Required	
City & State	,	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zip		28				Trust Fund Contribution			
	Country	Zip	Cour	try		8. This corporation owes or has paid the curre			
24	25	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rent Hegistered Agent		B1	Name	10. Name and Address of New Registered A	gent		
	MINGUEZ, BUSANEE		['	۱.	Hame				
	08 BIG VALLEY BLVD.		[B2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
KR	SSIMMEE FL 34746			83					
			[~					
			1	84	City	FL	85	Zip Code	
44 Durauant	n the provisions of Sections 507 (1502 and 607 1508 Elorida Statut	e the sh		Lnamed corn	poration submits this statement for the purpose of co	hanci	no its registered	
office or re	egistered agent, or both, in the Stanfamiliar with, and accept the ob	ate of Florida. Such change was :	authorized	by	the corporati	ion's board of directors. I hereby accept the appo	intmer	it as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	P	☐ DELETE 1.1		.E		- "	Cha	nge 🔲 Addition	
NAME	AMPA, SUCHITTRA		1.2 NA	1.2 NAME					
STREET ADDRESS	6111 LOST TREE CT.		1.3 STREET ADDRESS		address				
CRY-ST-ZIP	ORLANDO FL 32808			1.4 CITY-ST-ZIP					
TITLE	··· —		2.1 TITL	2.1 TITLE			Cha	nge 🔲 Addition	
NAME	AMPA, EDWIN F.		2.2 NA	2.2 NAME				`	
STREET ADDRESS	4208 BIG VALLEY BLVD.		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL.			2. 4 CITY - ST - ZIP					
TITLE	ST DELETE			31 TITLE		L	Cha	nge 🔲 Addition	
NAME	AMPA, NORAMINDA			3 2 NAME					
STREET ADDRESS	4208 BIG VALLEY BLVD		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL			3.4. CITY - ST - ZIP					
TITLE	☐ DELETE			4.1 TITLE		ĺ	Cha	nge 🗌 Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZIP				
TITLE	DELETE 51 TI		5 1 TITI	.E		į	Cha	nge [] Addition	
NAME			5 2 NA	ИE					
STREET ADDRESS			5.3 STR	EET #	ADDRESS				
CITY-ST-ZIP			5.4 C(T	Y-ST	r-ZIP				
TITLE		☐ DELE TE	61 TITU	.E		[Cha	nge 🔲 Addition	
NAME			62 NA	ΛE					
STREET ADDRESS			6.3 STR	EET A	address				
CITY-ST-ZIP				6.4 CITY-ST-ZIP					
	ertify that the information supplied	d with this filing does not qualify f	or the exer	mpti	ion stated in	Section 119.07(3)(i). Florida Statutes. I further cert	ify tha	t 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.

7/1/00

11117 3560127