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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # POROGOS (4)

FILED Feb 06 1997 8:00am Secretary of State

1. Corporation Name AMK PROPERTIES, INC. Principal Place of Business 704 NORTHEAST 10TH AVENUE GAINESVILLE FL 32601 Mailing Address 704 NORTHEAST 10TH AVENUE GAINESVILLE FL 32601							
		•			3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last I	Report
2. Principal F 21	Place of Business	28. Mailing Add	dress		4. FEI Number \$9 - 339 (037	- IA	pplied For lot Applicable
Suite, Apt. #, etc		Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75	Additional lequired
Crity & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23 Ζιρ	Zip Country		<u></u>	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Curr	29 September Agent	30	····	Florida Statutes 10. Name and Address of New R	Yes YNO	
ABERNATHY, JOHN 704 NORTHEAST 10TH AVENUE GAINESVILLE FL 32601				81 Name82 Street Add8384 City	ress (P.O. Box Number is Not Acceptable)		
agent La SIGNATURE 12.	em terminar with, and accept the oblination of the oblination of the state of the oblination of the state of the oblination of the oblinat	igations of, Section 60 occupand little? applicable ND DIRECTORS	7.0505, Florida To ha (NOTE: Reg	Abcrown stered Agent signature requ 13.	rporation submits this statement for the ation's board of directors. I hereby accept the hereby accept	97 DATE CERS AND DIRECTO	RS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	D ABERNETHY, JOHN 704 NORTHEAST 10TH AVE GAINESVILLE FL 32601			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		L! Change	Addition
TITLE NAME STREET ADDRESS			DELETE :	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS			DELETE :	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change	Addition
TITLE NAME SIREET ADDRESS			DELETE .	4.1 THILE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
CITY-S1-ZIP TITLE NAME			DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE 6.2 NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP		ن الناقة و حجوب المستندين		6.4 City-St-Zip	di- Control (10 07/0V/) Florida Control	····	

I do hereby certify that the information supplied with this filling 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 efficient 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.