

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90161 015 ***150.00

DOCUMENT # P96000065812

1. Corporation Name
AMC VENTURES, INC.

Principal Place of Business

1312 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301-2136

Mailing Address

1312 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301-2136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

65-0687832

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1404 E. BROWARD BLVD.

2a. Mailing Address

26 1404 E. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRIMME, MICHAEL J
1312 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301-2136

10. Name and Address of New Registered Agent

81 Name

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

1404 E. BROWARD BLVD.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.502 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

Michael J. Grimme
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL J. GRIMME

PRESIDENT

4/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GRIMME, MICHAEL J
STREET ADDRESS 1312 EAST BROWARD BOULEVARD
CITY-ST-ZIP FORT LAUDERDALE FL 33301-2136

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER, SECRETARY ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 1404 E. BROWARD BLVD.

1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME PAMELA D. GRIMME

2.3 STREET ADDRESS 1404 E. BROWARD BLVD.

2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Michael J. Grimme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. GRIMME PRESIDENT

4/19/99

Date

954-522-8886

Daytime Phone #

CR2E034 (11/98)

0280633