

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000069754 (5)

1. Corporation Name  
AMHERST CORPORATION

Principal Place of Business  
12400 BISCAYNE BLVD.  
NORTH MIAMI FL 33181

Mailing Address  
12400 BISCAYNE BLVD.  
NORTH MIAMI FL 33181-2521

FILED  
Apr 29 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 3201 North Federal Hwy.

Suite, Apt. #, etc.  
22 Suite 201

City & State  
23 Fort Lauderdale

Zip  
24 33306

Country  
25 USA

2a. Mailing Address

26 3201 North Federal Hwy.

Suite, Apt. #, etc.  
27 Suite 201

City & State  
28 Fort Lauderdale

Zip  
29 33306

Country  
30 USA

3. Date Incorporated or Qualified

06/16/1986

3a. Date of Last Report

4. FEI Number

65-0691194

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDLER, ROBERT A  
12400 BISCAYNE BLVD.  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

3201 North Federal Highway

83

Suite 201

84

City  
Fort Lauderdale,

FL

85

Zip Code  
33306

11. Pursuant to the provisions of Sections 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Michael Braun	
STREET ADDRESS	2063 Saxon Boulevard	
CITY - ST - ZIP	Deltona, FL 32725	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Bruce H. Kramer	
STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY - ST - ZIP	Fort Lauderdale, FL 33306	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Robert A. Sandler	
STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY - ST - ZIP	Fort Lauderdale, FL 33306	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Robert J. Silverman	
STREET ADDRESS	3201 North Federal Highway, Ste 201	
CITY - ST - ZIP	Fort Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00000000

CR2E034 (9/96)