

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 28, 1999 8:00 am
Secretary of State

04-28-1999 90050 037 ***150.00

DOCUMENT # P96000090656

1. Corporation Name

THE AMC GROUP, INC.

Principal Place of Business
6190 NW 11TH STREET
FT. LAUDERDALE FL 33313

Mailing Address
6190 NW 11TH STREET
FT. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

NOT APPLICABLE

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1700 N. W. 66th Ave.

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Plantation, Fl. 33313

Zip

24 33313

Country

25 U.S.A.

2a. Mailing Address

26 1700 N. W. 66th Ave.

Suite, Apt. #, etc.

27 Suite 102

City & State

28 Plantation, Fl. 33313

Zip

29 33313

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BYER, PAUL
6190 NW 11TH STREET
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1700 N. W. 66th Ave.

83 Suite 102

84 City
Plantation

FL 85 Zip Code
33313

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SCHILLER, W. ROY
STREET ADDRESS 315 IVY LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE STD ☐ DELETE
NAME BYER, PAUL A
STREET ADDRESS 2915 PALM AIRE DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VPD ☐ DELETE
NAME STEELE, JIRI
STREET ADDRESS 4901 SW 199TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Weston, FL. 33326

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Paul A. Byer

Paul A. Byer

4/23/99

Date

954-584-8885

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

0293771