## 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** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90004 022 \*\*\*150.00

## DOCUMENT # P97000010489

1. Corporation Name

AMEROPE INVESTMENT COMPANY

Mailing Address

2005 CORPORATE DRIVE

2005 CORPORATE DRIVE

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BOYNTON BEACH FL 33426	BOYNTON BEACH FL 33426		DO NOT INDITE IN TH	10.004.05
			DO NOT WRITE IN TH	IS SPACE
			3. Date incorporated or Qualifed	
			02/03/1997	
2. Principal Place of Business	2 2a. Mailing Address		4. FEI Number	Applied For
21 150 Commerce Re	socie (Jame)		13-2534413	Not Applicable
Suite, Apt. #, etc. 22 Bounton Beach F	Suite, Apt. #, etc.	· · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required.
City & State 23 9 33462	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Cou	entry	8. This corporation owes the current year	Intangible
24 25	29 30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Testa, A. Edward		81 Name	ESTA. A. Edward	
2005 CORPORATE DRIVE		82 Street Addre	ess (P.O. Boc Number is Not Acceptable)	040
BOYNTON BEACH FL 33426		83	Boynton Beach Fl	13462
		84 City	F	L 85 Zip Code
11 Pursuant to the provisions of Sections 607.0	0502 and 607,1508. Florida Statutes, the a	bove-named corpo	pration 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELETE	1.1 TITLE	The same of the sa
NAME	TESTA, A. EDWARD	1.2 NAME	TESTA ALCOWAGE
STREET ADDRESS	2005 CORPORATE DRIVE	1.3 STREET ADDRÉSS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	Bounton Beach Fl. 33462
TITLE	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
πιε	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ·	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached int with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #