

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

PROFIT
CORPORATION
ANNUAL REPORT
1999 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90054 034 ***150.00

DOCUMENT # P97000038529

1. Corporation Name

A.M.D.G. CORPORATION, INC.



36258054501

DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~676 WEST PROSPECT RD.
FT LAUDERDALE FL 33309~~

4945 Northwest 116th Street
Coral Springs, FL 33076-3206

Mailing Address

~~676 WEST PROSPECT RD.
FT LAUDERDALE FL 33309~~

40 GRUBER AND ASSOCIATES, P.A.
1650 Southeast 17th Street #301
Fort Lauderdale FL 33316-1735

2. Principal Place of Business

4945 Northwest 116th Street
Suite, Apt. #, etc.

City & State
Coral Springs FL

Zip
FL 33076-3206

Country
USA

2a. Mailing Address

40 GRUBER AND ASSOCIATES, P.A.
Suite, Apt. #, etc.

1650 Southeast 17th Street #301
City & State

Fort Lauderdale FL

Zip
33316-1735

Country
USA

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0772855

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 ☐

9. Name and Address of Current Registered Agent

~~PENN, JOY
676 WEST PROSPECT RD.
FT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name
Joseph P. Santoro
82 Street Address (P.O. Box Number is Not Acceptable)
4945 Northwest 116th Street
83
84 City
Coral Springs FL 85 Zip Code
33076-3206

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 of officer or director or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
RD	MOZANE, ELAINE	4945 NW 18TH AVE	CORAL SPRINGS FL 33076
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT/D	JOSEPH P. SANTORO	4945 Northwest 116th Street	Coral Springs, FL 33076-3206
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP/ST/D	EARLINE R. SANTORO	4945 Northwest 116th Street	Coral Springs, FL 33076-3206
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PT/D	JOSEPH P. SANTORO	4945 Northwest 116th Street	Coral Springs, FL 33076-3206
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
VP/ST/D	EARLINE R. SANTORO	4945 Northwest 116th Street	Coral Springs, FL 33076-3206
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)