## 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

## DOCUMENT # P9700063804

1. Corporation Name

AMDEV PROPERTIES II, INC.

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90003 044 \*\*\*158.75

					<b>edia de</b> il <b>de</b> ili deli	A ALKRU KUU UNUU A	
Principal Place of Business	Mailing Address				خباب سيد	سا مستثر	
297-EPINEGTINE STREET 297-ERNEGTINE STREET							
ORLANDO FL 92991	~ORLANDO-FL 82901-			DO NO.	T WRITE IN THE	S SPACE	
				3. Date Incorporated or Qu		3 3 7 70 2	
					iameu		
				07/23/1997			ulad Con
2. Principal Place of Business	2a. Mailing Address	مسدي عدا	Δ	4. FEI Number		<del></del>	olied For
1 3280 W. FIRST ST.	26 P.O. BOX 9	<u>4171</u>	<u> 7</u>	59-3463 124			t Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired ื 🔼	<b>\$8.75</b> A Fee Red	
City & State	City & State			6. Election Campaign Fina	ncing _	\$5.00	May Be
3 SANFORD, FL	28 MAITLAN	D. FI	<u>_</u>	Trust Fund Contribution	- 16	Added to	
Zip Country	Zip	Country	'	8. This corporation owes the	ne current vear li	ntangible	
4 32771 25 US	29 32794-1719 30	o 7/3	ς ·	Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		□No
9. Name and Address of Curre		<u> </u>	·	10. Name and Address of	New Registered	d Agent	
g. Haine and Addiess of Valle		81	Name				
MOORE, DONALD L JR	*	82					
- 237 ERNESTINE STREET -			Street Add	ress (P.O. Box Number is Not A	(cceptable)		
-ORLANDO FL 32801		83	322	O W. FIRST S			
UNLANDO I E 3200 I		83					
		84	City	4		85 Zip C	ode
				ANFORD	<u>F</u> i		
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	of Florida. Such channe was auth	horized by	the comorati	poration submits this statement on some board of directors. I hereby	for the purpose of accept the app	of changing its so pintment as rec	registered jistered
SIGNATURE					DATE		
Signature, special prince falls of agents agents			nt signature requir	ad when reinstating)  ADDITIONS/CHANGES		ND DIRECTO	PS IN 12
12. OFFICERS AND DIRECTORS  TMS D DELETE			<del></del> T	ADDITIONS/CHANGES	TO OFFICERS A	Change	Additi
TITLE D	□ pere₁E	1.1 TITLE				23 01.01.90	
NAME MOORE, DONALD L JR		1.2 NAME		n	er 67		
STREET ADDRESS 237 ERNESTINE STREET		1.3 STREET ADDRESS		3280 W. FIK	3/ 3/.		
CITY-ST-ZIP ORLANDO FL 32801		1.4 C/TY-S	r-ziP	3280 W. FIR SANFORD, FL.	<u> </u>		
TITLE .	☐ DELETE	2.1 TITLE		,		` Change	☐ Addit
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	TADORESS				
CITY-ST-ZIP	•	2.4 CITY-5	ST-ZIP		20-1	<del>-</del> -	
TITLE	☐ DELETE	3.1 TITLE				☐ Change	A∂dit
	_ ====	3.2 NAME					
NAME .							
STREET ADDRESS			TADORESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP			Change	Addit
TITLE	☐ DELETE .	4.1 TITLE				Change	
		A SMAME					

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 requiver 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 changes, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

☐ Addition

Addition