

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

192

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065469 (3)**

1. Corporation Name
AMANCO, CORP.

98 FEB 24 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business TWO SOUTH BISCAYNE BLVD. SUITE 2075 ONE BISCAYNE TOWER MIAMI FL 33131	Mailing Address TWO SOUTH BISCAYNE BLVD. SUITE 2075 ONE BISCAYNE TOWER MIAMI FL 33131
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2. Principal Place of Business 21 601 Brickell Key Dr. Suite, Apt. #, etc. 22 Suite 707 City & State 23 Miami, Florida Zip 24 33131 Country 25 U.S.A.	2a. Mailing Address 26 601 Brickell Key Dr. Suite, Apt. #, etc. 27 Suite 707 City & State 28 Miami, Florida Zip 29 33131 Country 30 U.S.A.
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3. Date Incorporated or Qualified 07/29/1997	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MACDANIEL, JOHN M ESQ.
TWO SOUTH BISCAYNE BLVD. SUITE 2075
ONE BISCAYNE TOWER
MIAMI FL 33131**

10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 83 TALLAHASSEE, FL 32301 84 City FL 85 Zip Code

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Karen B. Rozar, As Its Agent

SIGNATURE *Karen B. Rozar* DATE **2-23-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	P/S/D
1.3 STREET ADDRESS	Charles Bevan
1.4 CITY - ST - ZIP	601 Brickell Key Dr., Suite 707
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	800002437508--3
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 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: **Charles Bevan, President** x **305-377-3711**

CR2E034 (10/97)

2062



RECEIVED
98 FEB 24 PM 12:21
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000052
REFERENCE : 715467 4303929
AUTHORIZATION : *Patricia T. [signature]*
COST LIMIT : \$ 150.00

ORDER DATE : February 23, 1998
ORDER TIME : 10:21 AM
ORDER NO. : 715467
CUSTOMER NO: 4303929
CUSTOMER: Myrna Golinsky, Legal Asst
Greenberg Traurig
1221 Brickell Avenue
Miami, FL 33131

CHANGE OF AGENT

NAME: AMANCO CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

JD
2-23-98

RECEIVED
98 FEB 23 AM 11:30
DIVISION OF CORPORATION