PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000094734

A.M.E. INVESTMENTS, INC.

Principal Place of Business	Mailing Address	
213 S MAIN ST	POB 279	
ALACHUA FL 32615	ALACHUA FL 32616	
HS	US	

May 01, 1999 8:00 am Secretary of State

05-01-1999 90067 037 ***150.00



Principal Place	e of Business	Mailing Address				38 06 0 :0 00 60	#### ## ##############################		TE Altri arat saar
213 S MAIN ST	r	POB 279							
ALACHUA FL 3	2615	ALACHUA FL 32616				DO NOT WRI	ITE IN THIS	SPACE	
ยร		US			3. Da	ite Incorporated or Qualifed			
						1/03/1997			
2. Principal Pl	lace of Business	2a. Mailing Address		•		I Number		A	pplied For
21		26			59	-3479117		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ertifcate of Status Desired			Additional
22		27			3. 00			Fee R	Required
City & State	B	City & State				ection Campaign Financing	-		May Be
23		28	0			ust Fund Contribution			to Fees
Zip	Country	Zip	Country			is corporation owes the cur	rent year Inta	angible □ Yes	200
24	9. Name and Address of Current	29 30	<u> </u>			ersonal Property Tax. Tame and Address of New I	Registered /		9800
	s. Name and Address of Current	Registered Agent	81	Name	77au - 0 -		togiotorou :	194	
PIER	ICE, REBECCA A				Kebeca	a perce			
	W. NEWBERRY ROAD, NO. 327	•	82	Street	Address (P.O. リスラ・M	Box Number is Not Accept OIN STEET	able)		
GAIN	NESVILLE FL 32605		83	38	_				
				-17	$\frac{1}{2}$	279		Test 7:-	Carlo
			84	City -	Macauc	}	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	corporation su	ibmits this statement for the	purpose of	changing it:	s registered
office or n	egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was auth	iorized by	the como	oration's board	of directors. I hereby acce	pt the appoin	itment as re	egistered
	ALLECCA A	TULLO					4-20	1-99	ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	it signature r	required when reins		DATE		
12.	OFFICERS AND		13.		ADI	DITIONS/CHANGES TO OF	FICERS AN	-	
TITLE	D	DELETE	1.1 TITLE		11100	TOI DIECCH	0	Change	Addition
NAME	PIERCE, REBECCA A		1.2 NAME		-Keecc	santi Presco	-		
STREET ADORESS	6793 W. NEWBERRY ROAD, NO	T. 327	1.3 STREET		23	iva. FL 326	16		
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-S	T-ZIP	Klaur	104, TL 524	<u> </u>	Change	☐ Addition
TITLE		☐ DELETE	2.1 TITLE					[_] Onlingo	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET						
CITY-ST-ZIP		DELETE	2. 4 CITY-S 3.1 TITLE	I-ZP				Change	Addition
TITLE NAME		O perè le	3.1 NAME						_
STREET ADDRESS			3.3 STREET	LADDRESS	\				ì
CITY-ST-ZIP			3.4. CITY-S						
TITLE		☐ DELETE	4.1 TITLE			. , , , , , ,		☐ Change	Addition
NAME			4. 2 NAMÉ						}
STREET ADDRESS			4.3 STREE	TADDRESS					ì
CITY-ST-ZIP	•		4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE				_	☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADORESS					
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	t-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ADDRESS					ľ

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.

6.4 CITY-ST-ZIP

SIGNATURE: