

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

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90050 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000077363

1. Corporation Name  
AMISH CORPORATION



Principal Place of Business  
5156 CENTRAL AVENUE  
%CAROL MCATEE, CPA  
ST. PETERSBURG FL 33707

Mailing Address  
5156 CENTRAL AVENUE  
%CAROL MCATEE, CPA  
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

65-0878556

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

2. Principal Place of Business

21 9321 Gettysburg Road

Suite, Apt. #, etc.

22

City & State  
Boca Raton, FL

Zip Country

24 33434 25 USA

2a. Mailing Address

26 9321 Gettysburg Road

Suite, Apt. #, etc.

27

City & State  
Boca Raton, FL

Zip Country

29 33434 30 USA

9. Name and Address of Current Registered Agent

MCATEE, CAROL  
5156 CENTRAL AVENUE  
%CAROL MCATEE, CPA  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name Christine Onlin CPA  
82 Street Address (P.O. Box Number is Not Acceptable)  
440 E Sample Road  
83 Suite 202  
84 City Pompano Beach FL 85 Zip Code 33064

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 Christine M. Onlin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

| TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|-------------|
| <input type="checkbox"/> DELETE |      |                |             |
| <input type="checkbox"/> DELETE |      |                |             |
| <input type="checkbox"/> DELETE |      |                |             |
| <input type="checkbox"/> DELETE |      |                |             |
| <input type="checkbox"/> DELETE |      |                |             |
| <input type="checkbox"/> DELETE |      |                |             |
| <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      |
|---------------------------------|--|----------------------|----------------------|
| Pres.                           | Dilip Patel                                  | 9321 Gettysburg Road | Boca Raton, FL 33434 |
| <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |                      |                      |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |                      |                      |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |                      |                      |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |                      |                      |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |                      |                      |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |                      |                      |
| <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

4-7-99

Date

Daytime Phone #

CR2E034 (11/98)