


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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90001 049 \*\*\*150.00

0078607

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S60488

1. Corporation Name  
AMICK, INC.

Principal Place of Business  
2305 VIVADA STREET  
ORLANDO FL 32803-3441

Mailing Address  
2305 VIVADA STREET  
ORLANDO FL 32803-3441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 118 WEST ORANGE ST Suite, Apt. #, etc. 22 City & State 23 ALTAMONTE SPRINGS Zip 24 32714 Country 25 FLORIDA		2a. Mailing Address 26 118 WEST ORANGE ST Suite, Apt. #, etc. 27 City & State 28 ALTAMONTE SPRINGS Zip 29 32714 Country 30 FLORIDA		3. Date Incorporated or Qualified 06/14/1991	
4. FEI Number 59-3076489		Applied For 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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMICK, BEN  
2305 VIVADA STREET  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	AMICK, BEN
82 Street Address (P.O. Box Number is Not Acceptable)	118 WEST ORANGE ST.
83	
84 City	Altamonte Springs
85 FL	Zip Code 32714

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICK, BEN	1.2 NAME	
STREET ADDRESS	2305 VIVADA STREET	1.3 STREET ADDRESS	112 West York Ct
CITY-ST-ZIP	ORLANDO FL 32803-3441	1.4 CITY-ST-ZIP	Longwood FL 32779
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 #

2/23/99

CR2E034 (11/98)