

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S79072** (2)
1. Corporation Name
AMF ESTATE MANAGEMENT & MAINTENANCE, INC.

Principal Place of Business PHILIP D FECHTMEYER 9185 WINDING WOODS DR LAKE WORTH FL 33467	Mailing Address PHILIP D FECHTMEYER 9185 WINDING WOODS DR LAKE WORTH FL 33467
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1991	
4. FEI Number 65-0290332	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. Principal Place of Business PHIL FECHTMEYER, CPA, PA Suite, Apt. #, etc. 11380 PROSPERITY FARMS RD City & State PBG, FL 33410 Zip 33410	22. Mailing Address PHILIP FECHTMEYER, CPA, PA Suite, Apt. #, etc. 11380 PROSPERITY FARMS RD City & State PBG, FL SUITE 220A Zip 33410
23. Country USA	24. Country USA

9. Name and Address of Current Registered Agent FECHTMEYER, PHILIP D 9185 WINDING WOODS DR. LAKE WORTH FL 33467		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD, STE 220A 83 84 City PAUM BEACH GARDENS FL 85 Zip Code 33410	
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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]* 1/25/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINK, ARTHUR		1.2 NAME	
STREET ADDRESS 5311 PALM WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FECHTMEYER, PHIL		2.2 NAME	
STREET ADDRESS 9185 WINDING WOODS DR		2.3 STREET ADDRESS 2359 TREASURE ISLE DR, APT 30	
CITY-ST-ZIP LAKE WORTH FL		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
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)(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 *[Signature]* 1/25/98

CR2E034 (10/97)