# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

**PROFIT CORPORATION ANNUAL REPORT 1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #  S98103  (2)**

1. Corporation Name

**AMR GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3665 BEE RIDGE RD, STE 310 SARASOTA FL 34233 | 3665 BEE RIDGE RD, STE 310 SARASOTA FL 34233 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 12/05/1991 | 02/14/1995 |

| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
|---|---|---|---|---|---|
| 21 | | 26 | | 65-0305194 | Not Applicable |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23 | | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

CARRION, ANINA
3665 BEE RIDGE RD #310
SARASOTA FL 34233

**10. Name and Address of New Registered Agent**

| 81 | Name |
|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Anina Carrion* _Anina Carrion President_  4/6/96

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **DPS** ☐ DELETE | | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **CARRION, ANINA** | | 1.2 NAME | |
| STREET ADDRESS **3665 BEE RIDGE RD #310** | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **SARASOTA FL** | | 1.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE ☐ DELETE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *Anina Carrion*  _Anina Carrion_  4/6/96  (941) 923-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #