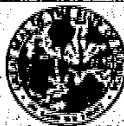


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 19 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28185

(9)

1. Corporation Name

AMG REALTY ASSOCIATES, INC.

Principal Place of Business

15307 AMBERLY DR
SUITE 180
TAMPA FL 33647

Mailing Address

15307 AMBERLY DR
SUITE 180
TAMPA FL 33647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

04/05/1994

4. FID Number

65-0262170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 193.022,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21. **15310 Amberly Dr**

2a. Mailing Address

26. **15310 Amberly Dr**

Suite, Apt. #, etc.

22. **Suite 220**

Suite, Apt. #, etc.

27. **Suite 220**

City & State

23. **Tampa, FL**

City & State

28. **Tampa, FL**

Zip

33647

Country

USA

Zip

33647

Country

USA

24. **33647**

25. **USA**

29. **33647**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVINGSTON, WILLIAM I
15307 AMBERLY DR
SUITE 180
TAMPA FL 33647**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

15310 Amberly Dr

83. **Suite 220**

84. City

Tampa,

FL

85. Zip Code

33647

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

LIVINGSTON, WILLIAM I

STREET ADDRESS

15307 AMBERLY DR STE 180

CITY - ST - ZIP

TAMPA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

15310 Amberly Dr Suite 220

1.4 CITY - ST - ZIP

Tampa, FL 33647

☒ Change ☐ Addition

TITLE

D

NAME

WHYTE, W DON

STREET ADDRESS

15307 AMBERLY DR STE 180

CITY - ST - ZIP

TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

15310 Amberly Dr Suite 220

2.4 CITY - ST - ZIP

Tampa, FL 33647

☒ Change ☐ Addition

TITLE

D

NAME

APTHORP, JAMES W

STREET ADDRESS

15307 AMBERLY DR STE 180

CITY - ST - ZIP

TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

15310 Amberly Dr Suite 220

3.4 CITY - ST - ZIP

Tampa, FL 33647

☒ Change ☐ Addition

TITLE

D

NAME

TEMPLETON, MARGARET O

STREET ADDRESS

15307 AMBERLY DR STE 180

CITY - ST - ZIP

TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

15310 Amberly Dr Suite 220

4.4 CITY - ST - ZIP

Tampa, FL 33647

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

William I. Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William I. Livingston

7/12/95

(941)368-3229

Daytime Phone #

CR2E034 (3/95)