SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

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.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
15307 AMBERLY DR SUITE 180 TAMPA FL 33647	15307 AMBERLY DR SUITE 180 TAMPA FL 33647

3. Date Incorporated or Qualified: **04/09/1992**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21 **15310 Amberly Dr**
Suite, Apt. #, etc.
22 **Suite 220**
City & State
23 **Tampa, FL**
Zip 24 **33647** County 25 **USA**

2a. Mailing Address
26 **15310 Amberly Dr**
Suite, Apt. #, etc.
27 **Suite 220**
City & State
28 **Tampa, FL**
Zip 29 **33647** Country 30 **USA**

4. FEI Number: **65-0262170** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	LIVINGSTON, WILLIAM I	1.2 NAME		
STREET ADDRESS	15307 AMBERLY DR STE 180	1.3 STREET ADDRESS	15310 Amberly Dr Suite 220	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	WHYTE, W DON	2.2 NAME		
STREET ADDRESS	15307 AMBERLY DR STE 180	2.3 STREET ADDRESS	15310 Amberly Dr Suite 220	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	APTHORP, JAMES W	3.2 NAME		
STREET ADDRESS	15307 AMBERLY DR STE 180	3.3 STREET ADDRESS	15310 Amberly Dr Suite 220	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	TEMPLETON, MARGARET O	4.2 NAME		
STREET ADDRESS	15307 AMBERLY DR STE 180	4.3 STREET ADDRESS	15310 Amberly Dr Suite 220	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33647	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: William I. Livingston William I. Livingston 7/12/95 (941)368-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0102010 CP