

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V28185** (9)

1. Corporation Name

AMG REALTY ASSOCIATES, INC.



Principal Place of Business

**15310 AMBERLY DRIVE
SUITE 220
TAMPA FL 33647
US**

Mailing Address

**15310 AMBERLY DRIVE
SUITE 220
TAMPA FL 33647
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

07/19/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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

Signature of Registered Agent or Director

Signature of Registered Agent or Director

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LIVINGSTON, WILLIAM I**
STREET ADDRESS **15310 AMBERLY DRIVE, SUITE 220**
CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **WHYTE, W DON**
STREET ADDRESS **15310 AMBERLY DRIVE, SUITE 220**
CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **APTHORP, JAMES W**
STREET ADDRESS **15310 AMBERLY DRIVE, SUITE 220**
CITY-STATE-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **TEMPLETON, MARGARET O**
STREET ADDRESS **15310 AMBERLY DRIVE, SUITE 220**
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-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 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

813-992-7475

CR2E034 (12/95)