

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 8:59

DOCUMENT # V50552

(1)

1. Corporation Name

AMC REALTY ASSOCIATES CORP.

Principal Place of Business

20801 BISCAYNE BLVD.
SUITE 455
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD.
SUITE 455
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1992

3a. Date of Last Report

11/23/1994

4. FEI Number

65-0355925

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

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI FL 33133

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 typed or printed name of registered agent and title if applicable

Signature typed or printed name of corporation and address if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ABRAMSON, DANIEL
STREET ADDRESS 20801 BISCAYNE BLVD, SUITE 455
CITY-ST-ZIP NMB FL 33180

TITLE ST
NAME MILTENBERG, BRUCE
STREET ADDRESS 2875 NE 191 ST., STE. 812
CITY-ST-ZIP NMB FL 33180

TITLE V
NAME CLEEMAN, PAUL
STREET ADDRESS 20801 BISCAYNE BLVD, SUITE 455
CITY-ST-ZIP NMB FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

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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 190.01(4)(b), Florida Statutes. I further certify that the information indicated on this 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 make 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 attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

PREP.

JAN. 10, 95 (305) 933-4546