

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 # **K18010** (4)

1. Corporation Name
A.M.P.S. INC.



Principal Place of Business
**4750 FLORENTINA CT
PENSACOLA FL 32504**

Mailing Address
**4750 FLORENTINA CT
PENSACOLA FL 32504**

3. Date Incorporated or Qualified
03/14/1988

3a. Date of Last Report
02/14/1995

4. FEI Number
59-2873129

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICELI, ANTHONY
4750 FLORENTINA CT
PENSACOLA FL 32504**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MICELI, ANTHONY	4750 FLORENTINA CT	PENSACOLA FL	<input type="checkbox"/>
VS	MICELI, MARGIE ANN	4750 FLORENTINA CT.	PENSACOLA FL	<input checked="" type="checkbox"/>
VD	MICELI, JAMES ANTHONY	911 NORTH BROAD ST	ROME GA	<input type="checkbox"/>
VD	MICELI, SAMUEL DAVID	4750 FLORENTINA CT	PENSACOLA FL	<input type="checkbox"/>
VD	MICELI, KEVIN LEE	4750 FLORENTINA CT.	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	4. CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **ANTHONY MICELI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1996
Date

904-134-9692
Daytime Phone #

CR2E034 (12/95)