

**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: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **MICELI, ANTHONY 4750 FLORENTINA CT PENSACOLA FL 32504**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>MICELI, ANTHONY</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MICELI, ANTHONY</b>	<b>4750 FLORENTINA CT</b>	1.2 NAME:	
STREET ADDRESS: <b>PENSACOLA FL</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: <b>VS</b>	<b>MICELI, MARGIE ANN</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MICELI, MARGIE ANN</b>	<b>4750 FLORENTINA CT.</b>	2.2 NAME:	
STREET ADDRESS: <b>PENSACOLA FL</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <b>VD</b>	<b>MICELI, JAMES ANTHONY</b> <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MICELI, JAMES ANTHONY</b>	<b>911 NORTH BROAD ST</b>	3.2 NAME:	
STREET ADDRESS: <b>ROME GA</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <b>VD</b>	<b>MICELI, SAMUEL DAVID</b> <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MICELI, SAMUEL DAVID</b>	<b>4750 FLORENTINA CT</b>	4.2 NAME:	
STREET ADDRESS: <b>PENSACOLA FL</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <b>VD</b>	<b>MICELI, KEVIN LEE</b> <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MICELI, KEVIN LEE</b>	<b>4750 FLORENTINA CT.</b>	5.2 NAME:	
STREET ADDRESS: <b>PENSACOLA FL</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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** *Anthony Miceli* **April 8, 1996** **904-434-9692**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)