

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M76518** (3)

1. Corporation Name

**AMERICAN POWER SYSTEMS, INC.**



Principal Place of Business

**14250 SW 136TH STREET  
SUITE 8  
MIAMI FL 33186-6718  
US**

Mailing Address

**14250 SW 136TH STREET  
SUITE 8  
MIAMI FL 33186-6718  
US**

3. Date Incorporated or Qualified

**04/14/1988**

3a. Date of Last Report

**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1500 San Remo Avenue**

4. FEI Number

**65-0054405**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

**Suite 3**

Suite, Apt. #, etc.

**Suite 210**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23 City & State

27 City & State

**Coral Gables, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24 Zip

Country

28 Zip

Country

25 **33146**

29 **33146**

30

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

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROSSMAN, MARK D ESQ  
1500 SAN REMO AVENUE, SUITE 210  
THE ATRIUM AT CORAL GABLES  
CORAL GABLES FL 33146**

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**VSD  
LIEB, CHRISTINE  
14250 SW 136TH STREET, SUITE 8  
MIAMI FL 33186-6718**

TITLE NAME ☐ DELETE

**PTD  
LIEB, KURT  
14250 SW 136TH STREET, SUITE 8  
MIAMI FL 33186-6718**

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **14250 SW 136 Street, Suite 3**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **14250 SW 136 Street, Suite 3**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-23-96 (305) 251-9771**