

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 # P95000012408 (7)

1. Corporation Name
A.M. HOUSING, INC.



Principal Place of Business: **216 E. CAMINO REAL BOCA RATON FL 33432**
Mailing Address: **216 E. CAMINO REAL BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **02/14/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **65-0564458**
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
22. Suite, Apt. #, etc: [Blank]
23. City & State: [Blank]
24. Zip: [Blank] 25. Country: [Blank]
2a. Mailing Address: 26
27. Suite, Apt. #, etc: [Blank]
28. City & State: [Blank]
29. Zip: [Blank] 30. Country: [Blank]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, GARY D
216 E. CAMINO REAL
BOCA RATON FL 33432**

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

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 in block registered agent and the taxpayer. (Note: Registered Agent signature is required for all filings.)

12. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> DELETE
NAME	DIPRIMA, KENNETH J	
STREET ADDRESS	216 E. CAMINO REAL 23036 L'HERMITAGE CIR	
CITY-ST-ZIP	BOCA RATON FL 33432-33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VSTP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	GARY D. STERN	
13. STREET ADDRESS	216 E. CAMINO REAL	
14. CITY-ST-ZIP	BOCA RATON, FL 33432	
2. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	ALICE M. DIPRIMA	
23. STREET ADDRESS	23036 L'HERMITAGE CIR	
24. CITY-ST-ZIP	BOCA RATON, FL 33432	
3. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	MARTHA M. MARTIN	
33. STREET ADDRESS	216 E. CAMINO REAL	
34. CITY-ST-ZIP	BOCA RATON, FL 33432	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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

4/30/96 (407) 391-7619
Date of Filing

CR2E034 (12/95)