

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P96000060536 (5)**  
 1. Corporation Name  
**AMDEC INTERNATIONAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5130 N FEDERAL HWY**  
**8**  
**FORT LAUDERDALE FL 33308**  
**US**

Mailing Address  
**POST OFFICE BOX 23546**  
**FORT LAUDERDALE FL 33307-3546**

3. Date Incorporated or Qualified  
**07/18/1996**

4. FEI Number  
**65-0679555**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
**22 SUITE #8**

23 City & State  
**24**

25 Zip  
**26**

27 Country  
**28 FT. LAUDERDALE, FL 33308**

29 Zip  
**30 BROWARD**

9. Name and Address of Current Registered Agent  
**CASTRO, RALPH J**  
**5520 NE 18 TERR**  
**FORT LAUDERDALE FL 33308**

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 607.3508, 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 required for personal name of current registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	<b>GANDY, RW</b>		1.2 NAME
STREET ADDRESS	<b>5130 N FEDERAL HWY, 8</b>		1.3 STREET ADDRESS
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PRESIDENT, DIRECTOR</b>
	<b>GREGORY L. SCHMIDT</b>
	<b>5130 N. FEDERAL HWY, SUITE#8</b>
	<b>FT. LAUDERDALE, FL 33308</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TREASURER, DIRECTOR</b>
	<b>DIANE M. BOWERS</b>
	<b>5130 N. FEDERAL HWY., SUITE #8</b>
	<b>FT. LAUDERDALE, FL 33308</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gregory L. Schmidt* **April 27 1998** (954-772-8886)

CP2E034 (10/97)