## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FSTATE FLORIDA DEPARTMENT

Sandra B. Morti

Secretary of Sta DIVISION OF CORPOR TIONS

DOCUMENT # S36617 AMERICAN PROTOTYPE CORP.

(6)

**FILED** Jan 27 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	3030 NW 27TH ST				E (481) 10 6 304 111(4 8(5) 10 3110) 318(1 400) 416(1 410) 410) 1 0(0) 1 0(0) 1 0(0)				
3030 NW 27TH											
LAUUERDALE I	LAKES FL 33311	LAUDERDALE LAKES FI	. 33311-200	ı							
						3.	Date Incorporated or Qualified 03/06/1991		ate of Last 26/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number			Applied For	
21		26					65-0249856			Not Applicable	
Surte, Apt.	#, etc.	Suite: Apt. #, etc.				5.	. Certificate of Status Desired			5 Additional Required	
City & State		City & State				- 6	. Election Campaign Financing			May Be	
23		28				"	Trust Fund Contribution			nd to Fees	
Zφ	Country	Zip	Col	untry	,	8.	. This corporation has liability for i	ntangible	tax under	rs. 199.032,	
24	25	29	30	<del></del>			. ,	Yes [			
	9. Name and Address of Curre	nt Registered Agent		100	T"\1	10.	. Name and Address of New Re	gistered	Agent		
	ZMAN, GARY S. ESO			81	Name						
	1 W MORSE BLVD : 105			82	Street Add	ress (	P.O. Box Number is Not Acceptab	le)			
	TER PARK FL 32789			83					_ <del></del>		
4104	ILLITARITE OCTOO										
				84	City			FL	85 Zi	p Code	
11. Pursuant t	to the provisions of Sections 607 050	02 and 607, 1508, Florida Stat	tutes, the a	bove	e-named con	poratio	on submits this statement for the p			its registered	
office or re	to the provisions of Sections 607 05t egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida, Such change wa	s authorize	d by	the corpora	tion's	board of directors. I hereby accept	t the app	ointment a	as registered	
J	m rammar with and accept the built	gations of, Section 607,0303,	rionua sta	iuios	٥,						
SIGNATURE	Signature, typed or pented harne of registered ag	jeni and tit c if applicable [N	IOTE: Registere	d Age	ent signature requi	ired whe	en reinstating)	DATE		***************************************	
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND			
LITTE	PD CALZMAN MENNETH	DELETE	1.1 T						Change	e   Addition	
NAME	SALZMAN, KENNETH 3030 NW 27TH STREET		1.2 N		İ						
STREET ADDRESS	LAUDERDALE LAKES FL				ADDRESS						
City - ST - ZIP	DADDERDALL DATE IL	DELETE			IT-ZIP			· · · · · · · · · · · · · · · · · · ·	Change	e Addition	
THILE			2.1 T		İ				L Chang	e L Addition	
NAME OTOGET ADDUCTS			2.2 N		ADDOCCO						
STREET ADDRESS CITY-ST-ZIP					' ADDRESS   ST-ZIP						
TITLE		DELETE	3.1 7		51 - ZIF				Change	e Addition	
NAMÉ			3.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST- ZIP					ST-ZIP						
TITLE		☐ DELETE	4.1 T					······································	Chang	e 🔲 Addition	
NAME			4.21	NAME							
STREET ADDRESS			4.3 \$	TAEET	ADDRESS						
CITY - ST - ZIP			4.4 (	ITY-5	ST-ZIP						
TOTLE		☐ DELETE	5.1 T	ITLE	}				Chang	je 🔲 Addition	
NAMÉ			5.2 N		ļ						
STREET ADDRESS			5.3 \$	TREET	ADDRESS						
CITY-SI-ZIP					ST - ZIP						
THLE		DELETE	611						Chang	e 🔲 Addition	
NAME			621					1			
STREET ADDRESS			6.3 5	TREET	FADDRESS						

6.4 CITY-ST-ZIP

14. Edo hereby ceruly 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR