

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

FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S81478 (7)

1. Corporation Name
AMERICAN MICRO SALES, INC.



Principal Place of Business 1400 E NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH FL 33442 US	Mailing Address 1400 E NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH FL 33442-7713 US
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3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0303187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1140 HOLLAND DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 1140 HOLLAND DRIVE Suite, Apt. #, etc.
22 UNIT #6 City & State	27 UNIT #6 City & State
23 BOCA RATON, FL Zip Country	28 BOCA RATON, FL Zip Country
24 33487 25 USA	29 33487 30 USA

9. Name and Address of Current Registered Agent

**COOMBES, WILLIAM N
1400 E NEWPORT CENTER DRIVE
SUITE 207
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name COOMBES, WILLIAM N.
82 Street Address (P.O. Box Number is Not Acceptable) 1140 HOLLAND DRIVE
83 UNIT #6
84 City BOCA RATON FL 85 Zip Code 33487

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 607.0509, Florida Statutes.

SIGNATURE *[Signature]* **William N. Coombes** DATE **JAN 9 97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	COOMBES, WILLIAM N.
STREET ADDRESS	22 WINDSOR LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUFFMAN, DAN
STREET ADDRESS	2240 LONGE COVE CT.
CITY-ST-ZIP	OVIEDO FL 32785
TITLE	D <input type="checkbox"/> DELETE
NAME	RODGERS, DAVE
STREET ADDRESS	1033 ROSETREE LANE
CITY-ST-ZIP	TARPON SPRINGS FL 34689
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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]* **TAMARU 9 1997/FLD088 9599**

CR2E034 (9/96)