

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 # S85534 (3)
1. Corporation Name
ADVANCED MILITARY TECHNOLOGIES, INCORPORATED



Principal Place of Business: **10205 CHESHAM DR ORLANDO FL 32817**
Mailing Address: **10205 CHESHAM DR ORLANDO FL 32817**

3. Date Incorporated or Qualified: **10/07/1991**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-3086652**
Applied For: ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**PETERS, RICHARD L.
10205 CHESHAM DR
ORLANDO FL 32817**

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 607.1508, 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 of the person or persons registered agent for this corporation

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE: **PTS** ☐ DELETE
NAME: **PETERS, RICHARD L**
STREET ADDRESS: **10205 CHESHAM DR**
CITY - ST - ZIP: **ORLANDO FL**
2. TITLE: **D** ☐ DELETE
NAME: **PETERS, RICHARD L.**
STREET ADDRESS: **10205 CHESHAM DRIVE**
CITY - ST - ZIP: **ORLANDO FL**
3. TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
4. TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
5. TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
5. 2. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
6. 3. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
7. 4. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
8. 5. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
9. 6. 1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
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 amendment with an address.

SIGNATURE:

[Signature]

President

1/28/96

407-679-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone No.

CR2E034 (12/95)