FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 22 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16446 (9)

1. Corporate Name
A M PRODUCTS, INC.

Principal Place of Business	Mailing Address
600 S DIXIE HWY #206 BOCA RATON FL 33432	600 S DIXIE HWY #206 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 701 W. Cypress Creek Rd	26 701 W. Cypress Creek Rd
Suite, Apt. #, etc. 22 302	Suite, Apt. #, etc. 27 302
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33309 Country 25 USA	Zip 29 33309 Country 30 USA

4. FEI Number: 65-0318577 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLUGEL, WALTER 600 S DIXIE HWY #206 BOCA RATON FL 33432	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 701 W. Cypress Creek Rd #302 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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] Walter Flugel May 16, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	TITLE ☐ Change ☐ Addition
NAME	FLUGEL, WALTER	NAME
STREET ADDRESS	6237 SWEET MAPLE LANE	STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP
TITLE	D	TITLE ☐ Change ☐ Addition
NAME	SALAMONE, ANN BEAL	NAME
STREET ADDRESS	740 NW 6 STR	STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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)(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: [signature] Ann Beal Salamone — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/16/95 — 305-493-8611

0259463 CP