

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Mouton
Secretary of State
TALLAHASSEE, FLORIDA 32399-0400

DOCUMENT # **V16446** (9)

1. Corporation Name
A M PRODUCTS, INC.

Home (or Principal) Office
**600 S DIXIE HWY #206
BOCA RATON FL 33432**

Mailing Address
**600 S DIXIE HWY #206
BOCA RATON FL 33432**

2. Home (or Principal) Office
21. **701 W. Cypress Creek Rd**
22. **302**
23. **Ft. Lauderdale, FL**
24. **33309** 25. **USA**

2a. Mailing Address
26. **701 W. Cypress Creek Rd**
27. **302**
28. **Ft. Lauderdale, FL**
29. **33309** 30. **USA**

9. Name and Address of Current Registered Agent
**FLUGEL, WALTER
600 S DIXIE HWY #206
BOCA RATON FL 33432**

3. Date of Incorporation (or Reorganization)
02/24/1992

3a. Date of Last Report
01/25/1994

4. FET Number
65-0318577

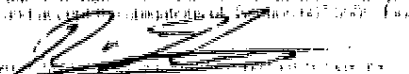
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Applicable)
701 W. Cypress Creek Rd # 302
83.
84. City **Ft. Lauderdale** 85. Zip Code **FL 33309**

11. Pursuant to the provisions of sections 199.031 and 199.032, 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I am qualified to accept legal service of process in Florida.

SIGNATURE  **Walter Flugel** **May 16, 1995**

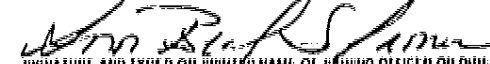
12. OFFICERS AND DIRECTORS

NAME	D FLUGEL, WALTER
STREET ADDRESS	6237 SWEET MAPLE LANE
CITY, STATE, ZIP	BOCA RATON FL
NAME	D SALAMONE, ANN BEAL
STREET ADDRESS	740 NW 6 STR
CITY, STATE, ZIP	BOCA RATON FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.031, Florida Statutes. I further certify that the information included on this report is required for supplemental annual report by law and is accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the reason of freedom otherwise covered by rule 60.010, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or new attachment with an address.

SIGNATURE:  **Ann Beal Salamone** **5/16/95 305-493-8611**

SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR

APPROVED
AND
FILED

5/16/95 11:10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE