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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S81478** **(7)**

1. Corporation Name
AMERICAN MICRO SALES, INC.

Principal Place of Business	Mailing Address
1400 E NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH FL 33442 US	1400 E NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH FL 33442-7713 US

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 04/04/1996

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

4. FEI Number: 65-0303187 ☐ 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

9. **Name and Address of Current Registered Agent**

COOMBES, WILLIAM N
1400 E NEWPORT CENTER DIRVE
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 607.0505, Florida Statutes.

SIGNATURE: William N Coombes 1/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOMBES, WILLIAM N .		1.2 NAME		
STREET ADDRESS	22 WINDSOR LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUFFMAN, DAN		2.2 NAME		
STREET ADDRESS	2240 LONGE COVE CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODGERS, DAVE		3.2 NAME		
STREET ADDRESS	1033 ROSETREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: January 9 1997 (561) 988-9599