

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 9:13

DOCUMENT # 380324

(4)

1. Corporation Name

AMT-DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 454306~~
~~MIAMI FL 33245~~

P.O. BOX 454306
MIAMI FL 33245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/12/1971

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 3137 S.W. 23 ST.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28

24 33145

Country

25

Country

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30

4. FEI Number

Applied For

65-0192914

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

6. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINGS, SHAILER R.
3137 SW 23RD ST
MIAMI FL 33145

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CUMMINGS, SHAILER R.
3137 SW 23RD ST
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
CUMMINGS, EUGENIA M.
3137 SW 23RD ST
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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