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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 # **587547** **(1)**

1. Corporation Name
AMP ELECTRIC, INC.

Principal Place of Business
2559 WEBB AVENUE
BAY 6
DELRAY BEACH FL 33444
US

Mailing Address
P.O. BOX 1330
DELRAY BEACH FL 33447-1330

3. Date Incorporated or Qualified: **09/26/1978**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business
21 1399 SW 30th Ave
Suite, Apt. #, etc.
22 Suite #3
City & State
23 Boynton Bch Fl 33426
Zip 24 33426 Country 25 Palm Beach

2a. Mailing Address
26 P.O. Box 3579
Suite, Apt. #, etc.
27
City & State
28 Boynton Bch Fl 33424
Zip 29 33424 Country 30 Palm Beach

4. FEI Number: **59-1848703** ☐ 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
FALATICK, WILLIAM D.
315 LAKE EDEN WAY
DELRAY BEACH, FL
33444

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4518 Gleneagles Dr
83
84 City Boynton Beach **FL** 85 Zip Code 33436

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FALATICK, CAROLYN R. P.O. BOX 1330 DELRAY BCH, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4819 Gleneagles Dr Boynton Beach, Fl 33436	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FALATICK, WILLIAM D P.O. BOX 1330 DELRAY BCH, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 4819 Gleneagles Dr Boynton Beach, Fl 33436	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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: William D. Falatick 4/26/97