

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **639202** (1)
1. Corporation Name
AMM INDUSTRIES, INC.

Principal Place of Business: **6001 NE 14TH AVE FT LAUDERDALE FL 33334-1916**
Mailing Address: **6001 NE 14TH AVE FT LAUDERDALE FL 33334-1916**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1979** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1951978** 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 199.037, Florida Statutes: Yes No

2. Principal Place of Business: **21 5130 N. State Road 7** 2a. Mailing Address: **26 5130 N. State Road 7**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23 Fort Lauderdale, FL** City & State: **28 Fort Lauderdale, FL**
Zip: **24 33319** Country: **25** Zip: **29 33319** Country: **30**

9. Name and Address of Current Registered Agent
**WRIGHT, ANDREW O
6001 NE 14TH AVE
FT LAUDERDALE FL 33334-1916**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **5130 N. State Road 7**
83 _____
84 City: **Fort Lauderdale** FL 85 Zip Code: **33319**

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 re-registering)

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------|
| TITLE: PD | 1.1 TITLE |
| NAME: WRIGHT ANDREW O | 1.2 NAME |
| STREET ADDRESS: 6001 NE 14TH AVE | 1.3 STREET ADDRESS |
| CITY - ST - ZIP: FT LAUDERDALE FL | 1.4 CITY - ST - ZIP |
| TITLE: | 2.1 TITLE |
| NAME: | 2.2 NAME |
| STREET ADDRESS: | 2.3 STREET ADDRESS |
| CITY - ST - ZIP: | 2.4 CITY - ST - ZIP |
| TITLE: | 3.1 TITLE |
| NAME: | 3.2 NAME |
| STREET ADDRESS: | 3.3 STREET ADDRESS |
| CITY - ST - ZIP: | 3.4 CITY - ST - ZIP |
| TITLE: | 4.1 TITLE |
| NAME: | 4.2 NAME |
| STREET ADDRESS: | 4.3 STREET ADDRESS |
| CITY - ST - ZIP: | 4.4 CITY - ST - ZIP |
| TITLE: | 5.1 TITLE |
| NAME: | 5.2 NAME |
| STREET ADDRESS: | 5.3 STREET ADDRESS |
| CITY - ST - ZIP: | 5.4 CITY - ST - ZIP |
| TITLE: | 6.1 TITLE |
| NAME: | 6.2 NAME |
| STREET ADDRESS: | 6.3 STREET ADDRESS |
| CITY - ST - ZIP: | 6.4 CITY - ST - ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5130 N. State Road 7 | |
| Fort Lauderdale, FL 33319 | |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 118.07(3)(b), 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: _____ DATE: **2-7/95** 677-0404
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR