FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR 13 PM 2:16

DOCUMENT # **666858** **(6)**

1. Corporation Name
AMASEK, INC.

Principal Place of Business	Mailing Address
402 HIGH PT. DR. COCOA FL 32926	402 HIGH PT. DR. COCOA FL 32926

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/15/1980**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2051803** ☐ 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

PEEPLES, JAMES W., III
505 N. ORLANDO AVENUE
COCOA BEACH FL 32921

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	STEWART, E. A., III	12 NAME	
STREET ADDRESS	330 S.W. 34TH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	OCALA FL	14 CITY ST ZIP	
TITLE	PSTD	21 TITLE	☐ Change ☐ Addition
NAME	DIDOMENICO, PATRICK E	22 NAME	
STREET ADDRESS	402 HIGH POINT DR	23 STREET ADDRESS	
CITY ST ZIP	COCOA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SWANN, JIM	32 NAME	
STREET ADDRESS	402 HIGH POINT DR.	33 STREET ADDRESS	
CITY ST ZIP	COCOA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KIRSCHENBAUM, MALCOLM R,	42 NAME	
STREET ADDRESS	402 HIGH POINT DR.	43 STREET ADDRESS	
CITY ST ZIP	COCOA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MEYER, AL	52 NAME	
STREET ADDRESS	1440 BIRCH ST	53 STREET ADDRESS	
CITY ST ZIP	HUDSON FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SPEARMAN, GUY M., III	62 NAME	
STREET ADDRESS	402 HIGH POINT DRIVE	63 STREET ADDRESS	
CITY ST ZIP	COCOA FL	64 CITY ST ZIP	

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 119.07(3)(k), 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: _____ 3/6/95 407/632-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patrick E. DiDomenico, Pres.

0073436 CP