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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **809970** (7)
1. Corporation Name
AUTOMATIC MACHINERY AND ELECTRONICS, INC.

Principal Place of Business: **633 NORTH BARRANCA AVENUE, P.O. BOX 1170, COVINA CA 91723**
Mailing Address: **633 NORTH BARRANCA AVENUE, P.O. BOX 1170, COVINA CA 91723**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1954		3a. Date of Last Report 04/20/1994	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number 95-1577533	Applied For Not Applicable
22. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Zip	30. Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, W H 333 AVENUE M N W WINTER HAVEN FL 33880				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 the 3 applicable: (a) If Registered Agent, sign as registered agent; (b) If

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, L.B.	1.2 NAME	
STREET ADDRESS	633 NORTH BARRANCA AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	COVINA, CA 00000	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUND, V D	2.2 NAME	
STREET ADDRESS	633 NORTH BARRANCA AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	COVINA, CA 00000	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, S R	3.2 NAME	
STREET ADDRESS	633 NORTH BARRANCA AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	COVINA, CA 00000	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, R B	4.2 NAME	
STREET ADDRESS	633 NORTH BARRANCA AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	COVINA, CA 00000	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 1.10.07(3)(c), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L.B. Alexander* **5-1-95**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
L.B. ALEXANDER, PRES.