

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morfham
 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

3. Date Incorporated or Qualified: 09/02/1954
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 95-1577533
 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: NELSON, W H, 333 AVENUE M N W, WINTER HAVEN FL 33880
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ALEXANDER, L.B.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 633 NORTH BARRANCA AVE	CITY-ST-ZIP: COVINA, CA 00000	1.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: ST	NAME: LUND, V D	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 633 NORTH BARRANCA AVE	CITY-ST-ZIP: COVINA, CA 00000	2.2 NAME:	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: V	NAME: ALEXANDER, S R	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 633 NORTH BARRANCA AVE	CITY-ST-ZIP: COVINA, CA 00000	3.2 NAME:	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: D	NAME: CLARK, R B	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 633 NORTH BARRANCA AVE	CITY-ST-ZIP: COVINA, CA 00000	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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 119.07(3)(g), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (818) 966-8361

CR2E034 (12/95)