

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827506 (7)

1. Corporation Name
AMS INDUSTRIES, INC.

Principal Place of Business 6501 E NEVADA DETROIT MI 48234	Mailing Address 6501 E NEVADA DETROIT MI 48234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2684507	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOVEJOY, ROBERT M JR.		1.2 NAME				
STREET ADDRESS	6601 E. NEVADA		1.3 STREET ADDRESS				
CITY-ST-ZIP	DETROIT MI		1.4 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ASHTON, HARRIS J		2.2 NAME				
STREET ADDRESS	ONE STATION PLACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SIMPSON, JAMES R		3.2 NAME				
STREET ADDRESS	6501 E. NEVADA		3.3 STREET ADDRESS	1175 W. LONG LAKE ROAD			
CITY-ST-ZIP	DETROIT MI		3.4 CITY-ST-ZIP	TROY, MI 48098			
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	EVERINGHAM, J. T		4.2 NAME				
STREET ADDRESS	6501 E NEVADA		4.3 STREET ADDRESS	1175 W. LONG LAKE ROAD			
CITY-ST-ZIP	DETROIT MI		4.4 CITY-ST-ZIP	TROY, MI 48098			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			5.2 NAME	JOSEPH R. BACZKO			
STREET ADDRESS			5.3 STREET ADDRESS	1175 W. LONG LAKE ROAD			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TROY, MI 48098			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	LARRY T. LAKIN			
STREET ADDRESS			6.3 STREET ADDRESS	1175 W. LONG LAKE ROAD			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TROY, MI 48098			

14. I 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.

CR2E034 (10/97)