

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F48398 (4)

1. Corporation Name
A.M. (U.S.), INC.



Principal Place of Business

**% I. J. SCHERR
937 UTICA STREET
DELTONA FL 32725**

Mailing Address

**% I. J. SCHERR
937 UTICA STREET
DELTONA FL 32725**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

**SCHERR, IRVING J.
937 UTICA STREET
DELTONA 32725**

3. Date Incorporated or Qualified

09/25/1981

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2125394

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

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 607.06(2) and 607.15(6), 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 607.14(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
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5. TITLE
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CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
ARNOLD, MARCEL
301-174TH ST.
N. MIAMI BCH. FL
ST
SCHERR, I.J.
937 UTICA STREET
DELTONA FL**

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1. TITLE
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

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14. I 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. I am an officer or director of the corporation or the registered agent, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHONE 1-904-780-0520

DATE

CR2E034 /