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
95 AUG -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80904 (8)

1. Corporation Name
A & M SERVICE, INC., OF ALLANDALE

Principal Place of Business	Mailing Address
5118 SO US 1, ALLANDAL FL 32123 P O BOX 8010 ALLANDAL FL 32123	5118 SO US 1, ALLANDAL FL 32123 P O BOX 8010 ALLANDAL FL 32123

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1982
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 54-2012235 ☐ 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

MIRZAI, MOHAMAD
5129 ISABELL AVENUE
ALLANDALE FL 32127

10. Name and Address of New Registered Agent

81 Name: Mirzai-Barzi, Akbar
82 Street Address (P.O. Box Number is Not Acceptable): 5118 South Ridgewood Avenue
83
84 City: Allendale FL 85 Zip Code: 32127

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 X _____ _____ _____
Signature of, & typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MIRZAI-BARZI, HOMAIRA	12 NAME	Mirzai-Barzi, Akbar	
STREET ADDRESS	5118 S. US 1	13 STREET ADDRESS	5118 South Ridgewood Avenue	
CITY-ST-ZIP	ALLANDALE FL	14 CITY-ST-ZIP	Allendale, FL 32127	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	MIRZAI-BARZI, MOHAMAD	22 NAME	Mirzai-Barzi, Akbar	
STREET ADDRESS	5118 S. US 1	23 STREET ADDRESS	5118 South Ridgewood Avenue	
CITY-ST-ZIP	ALLANDAL FL	24 CITY-ST-ZIP	Allendale, FL 32127	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 added in attachment with an address.

SIGNATURE: X _____ 07/28/95 904-788-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403001 FP