

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90042 029 ***150.00

DOCUMENT # H47857

1. Corporation Name
AMERI-TECH MACHINE, INC.

Principal Place of Business
% JAMES R. RUBY
3016 S.W. 21ST TERRACE. 36B-1
DELRAY BEACH FL 33445

Mailing Address
% JAMES R. RUBY
3016 S.W. 21ST TERRACE. 36B-1
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1985

4. FEI Number

59-2548415

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1874 DR. ANDRES WAY

Suite, Apt. #, etc.

22

City & State

23 DELRAY BCH. FLA.

Zip

24 33445

Country

25 USA

2a. Mailing Address

26 3965 SEA GRAPE CIRCLE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BCH FLA.

Zip

29 33445

Country

30 USA

9. Name and Address of Current Registered Agent

RUBY, JAMES R.
3016 S.W. 21ST TERRACE
36B-1
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

JAMES R. RUBY

82 Street Address (P.O. Box Number is Not Acceptable)

3965 SEA GRAPE CIRCLE

83

84 City

DELRAY BCH.

FL

85 Zip Code

33445

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: James R. Ruby JAMES R. RUBY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME RUBY, JAMES R.
STREET ADDRESS 3016 SW 21ST TERR. 36B-1
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME JAMES R. RUBY
1.3 STREET ADDRESS 3965 SEA GRAPE CIRCLE
1.4 CITY-ST-ZIP DELRAY BCH. FLA. 33445

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: James R. Ruby JAMES R. RUBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

561-265-0222

Daytime Phone #

CR2E034 (11/98)

0049368