FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **K23102** **(2)**

1. Corporation Name
ADVANCED MODULAR SYSTEMS, INC.

Principal Place of Business	Mailing Address
1550 N. POWERLINE ROAD POMPANO BEACH FL 33069	1550 N. POWERLINE ROAD POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 05/10/1988
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business	2a. Mailing Address
21 1911 N.W. 15th Street	26 1911 N.W. 15th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip 24 33069 Country 25	Zip 29 33069 Country 30

4. FEI Number: 59-2887805 ☐ 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	10. Name and Address of New Registered Agent
WILLIS, GARY M. 22071 MARTELLA AVENUE BOCA RATON FL 33433	81 Name: Gary M. Willis 82 Street Address (P.O. Box Number is Not Acceptable): 22328 Martella Ave. 83 84 City: Boca Raton FL 85 Zip Code: 33433

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: [signature] 4/30/96
Signature, 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	PS	☐ DELETE	1.1 TITLE	PS	☒ Change ☐ Addition
NAME	WILLIS, GARY M.		1.2 NAME	Gary M. Willis	
STREET ADDRESS	22071 MARTELLA AVE		1.3 STREET ADDRESS	22328 Martella Ave.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton FL 33433	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DWORKIN, SIDNEY		2.2 NAME		
STREET ADDRESS	2600 S. OCEAN BLVD. #12F		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] 4/30/96 (954) 960-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gary M. Willis, President