SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K54684

AMMEX INVESTMENTS, INC.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90010 002 ***550.00



		Marillian Address	Mailing Address			- I ERUBIN des mitte nigin atter teine einer ninte minte	11 1881	
517 SW 1ST A		517 SW 1ST AVENUE FT. LAUDERDALE FL 33301						
FT. LAUDERDALE FL 33301		FI. LAUDENDALE TE 30001				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12/29/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo	r	
	ace of business	26				65-0091986 Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additions	—	
	r, dic.	27				5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
¬ ′		28			Trust Fund Contribution Added to Fees	}		
23 Zin	Country	Zip	Cou	intry		8. This corporation owes the current year		
Zip	⊢ ¬ ′	⊢ ;	 7			Intangible Personal Property. Yes No		
24	25 29 30 9. Name and Address of Current Registered Agent		30	<u>''</u>		10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	iit vadistelen väelt		81	Name			
MEE	E, GLENN R.			1 [
	SW 1ST AVENUE		82 Stre		Street Addre	eet Address (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33301			83				
11.	ENOUGHDALE I C 00001			83				
				84	City	85 Zip Code		
				1 1	•	FL S Exp ossis		
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-n	amed corpora	ation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was a actions of, section 607,0505, Flo	utnorize rida Sta	a by ti tutes.	ne corporatio	in's board of directors. I hereby accept the appointment as registered	1	
_	III samiliar with, and accept the oblig		,,,,,,,				İ	
SIGNATURE _	Signature, typed or printed name of registered age	ant and title if applicable. (NC	TE: Registe	ered Age	ent signature requi	ired when reinstating) DATE	6	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2 0	
TITLE	PDT	DELETE	1.1 TITLE			Change Add	2 dition	
NAME	MEE, GLENN R.	bearing	1.2 NAME			_ , , _	6	
	517 SW 1ST AVE		1.3 STRE		OORESS		ជ្	
STREET ADDRESS	FT. LAUDERDALE FL		1.4 CITY-				5	
CITY-ST-ZIP	FI. DAUDENDALE FL		2.1 TITLE		<u> </u>	Change Ad	dition	
TITLE		DELETE	2.2 NAME			Citalige 2 74]	
NAME								
STREET ADDRESS	and the company of th			2.3 STREET ADDRESS 2.4 City-St-zip		للمائية المحالية المح	1	
CITY-ST-ZIP			_		ZIP		disi	
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NAME				3.2 NAME			1	
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NAME			4.2 N	AME				
STREET ADDRESS			4.3 S1	TREET A	ADDRESS			
CITY-ST-ZIP			4,4 C	ITY-ST-Z	ZIP			
TITLE		DELETE	5.1 TI	ITLE		Change Ad	dition	
NAME			5.2 N	AME		_ • -		
STREET ADDRESS	-				ADDRESS (
1				ITY-ST-Z				
CITY-ST-ZIP TITLE			6.1 TI			Change Ad	dition	
	• •	L DELETÉ	6.2 N					
NAME		_	1		PDDECC			
STREET ADDRESS		/1			ADDRESS			
CITY-ST-ZIP		<i>[</i>		ITY-ST-Z		in 440 07/2V/). Flacida Statutos I further certify that the information		
 14. I hereby ce indicated o 	rtify that the information supplied with this annual report or supplementations.	r this filing does not quality for t I annual report is true and accu	ne exem	that n	stated in sect my signature	tion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under outry, that I am		

Thereby certify that the information supplied with this high goes not quality for the exemption stated in section 1 and the information supplied with this high goes not quality for the exemption indicated on this annual report or supplied by a first 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 of the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear in Block 12 or Block 13 if changed, or physical attachment with an address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #