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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38896 (9)

1. Corporation Name

AMMIA, INC.



Principal Place of Business

Mailing Address

% JACK P. PANKOW
12730 NEW BRITTANY BLVD., STE. 304
FT MYERS FL 33907
US

% JACK P. PANKOW
12730 NEW BRITTANY BLVD., STE. 304
FT MYERS FL 33907
US

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

PANKOW, JACK P.
~~1500 COLONIAL BLVD., STE. 223~~
FT MYERS FL 33907

81 Name

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

83

84

13180 North Cleveland AVE
Suite 237
North Ft. Myers

FL

85 Zip Code

33903

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HYDE, ROBERT J.
STREET ADDRESS 12730 NEW BRITTANY BLVD., STE. 304
CITY-ST-ZIP FT MYERS FL

TITLE VD ☐ DELETE

NAME MILLER, T. WAINWRIGHT
STREET ADDRESS 12730 NEW BRITTANY BLVD., STE. 304
CITY-ST-ZIP FT MYERS FL

TITLE STD ☐ DELETE

NAME PANKOW, JACK P.
STREET ADDRESS 1500 COLONIAL BLVD., STE. 223
CITY-ST-ZIP FT MYERS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

13180 North Cleveland AVE
Suite #237, N. Ft. Myers, FL 33903

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)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if applicable, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

(941) 939-7303

Date:

Daytime Phone: #

CR2E037 (12/95)