

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P20884 (3)

1. Corporation Name

AMERICAN MOBILE SYSTEMS INCORPORATED

Principal Place of Business

21250 CALFA ST.
STE. 102
WOODLAND HILLS CA 91367
US

Mailing Address

21250 CALFA ST.
#102
WOODLAND HILLS CA 91367
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:58

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/14/1988

3a. Date of Last Report
03/01/1994

2. Principal Place of Business

21 20920-C WARNER CENTER
Suite, Apt. #, etc. **LANE**

2a. Mailing Address

26 20920-C WARNER CENTER LANE

4. FEI Number
22-2412153

Applied For
Not Applicable

22 City & State

23 **WOODLAND HILLS, CA.**

27 City & State

28 **WOODLAND HILLS, CA.**

24 Zip

91367

Country

29 Zip

91367

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOMERS, RICHARD G.
STREET ADDRESS	21250 CALIFA ST., #102
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	C
NAME	SOMERS, RICHARD G.
STREET ADDRESS	21250 CALIFA ST., #102
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	T
NAME	CHEUNG, ALICE
STREET ADDRESS	21250 CALIFA ST., #102
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	D
NAME	HOWARD, GARY
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	D
NAME	WEDUM, BILL
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CA
TITLE	
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	20920-C WARNER CENTER LANE
1.4 CITY - ST - ZIP	WOODLAND HILLS, CA. 91367
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	20920-C WARNER CENTER LANE
2.4 CITY - ST - ZIP	WOODLAND HILLS, CA. 91367
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	20920-C WARNER CENTER LANE
3.4 CITY - ST - ZIP	WOODLAND HILLS, CA. 91367
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Alice Cheung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 1995 **CP181593-3000, 105** **EXT**
Date Signature (Print Name)