

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:10

DOCUMENT # **P38574** (0)

1. Corporation Name  
**AMERICAN MOBILE WINDSHIELDS SERVICES UNLIMITED, INC.**

Principal Place of Business: 5891 SW 23RD ST., HOLLYWOOD FL 33023

Mailing Address: ~~5891 SW 23RD ST., HOLLYWOOD FL 33023~~  
**P.O. Box 69-3105  
MIAMI FL 332690105**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21

2a. Mailing Address: 26 **P.O. Box 69-3105**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State: 28 **Miami FL**

24. Zip: 25 **33269-0105**

29. Zip: 30 **33269-0105**

3. Date Incorporated or Qualified: **04/29/1992**

3a. Date of Last Report: **02/23/1994**

4. FEI Number: **59-1101787**

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

**HARROD, PAUL  
5891 SW 23RD ST.,  
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and tin if applicable. (NOTE: Registered Agent signature required when reconstituting)


12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	HARROD, PAUL
STREET ADDRESS	5891 SW 23RD ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	V
NAME	BLACKSTOCK, JUDY
STREET ADDRESS	8310 GAULET HALL LANE
CITY- ST- ZIP	DAVIE FL
TITLE	S
NAME	HARROD, ESTHER
STREET ADDRESS	5891 SW 23RD ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(b), 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 registered agent 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 change of name or address is indicated.

SIGNATURE:  **Paul Harrod** 1/18/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR