

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

DOCUMENT # P93000067152 (7)

1. Corporation Name

A.M.P.'D MANAGEMENT, INC.



Principal Place of Business

1800 S OCENA BLVD
1506
POMPANO BEACH FL 33062
US

Mailing Address

1800 S OCEAN BLVD
1506
POMPANO BEACH FL 33062
US

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
08/22/1995

2. Principal Place of Business

21 1300 S.E. 17th Street Causeway
Suite, Apt. #, etc.

2a. Mailing Address

26 1300 S.E. 17th St. Causeway
Suite, Apt. #, etc.

22 Suite 217

27 Suite 217

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

24 33316 25 U.S.A.

29 33316 30 U.S.A.

4. FET Number
65-0439330

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

ROCHE, ASHLING
1800 S OCEAN BLVD
1506
PPOMPANO BEACH FL 3302

10. Name and Address of New Registered Agent

81 Name Ashling Roche
82 Street Address (P.O. Box Number is Not Acceptable)
1300 S.E. 17th Street Causeway
83 Suite 217
84 City Fort Lauderdale FL 85 Zip Code 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

3.21.96
DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME ROCHE, ASHLING
STREET ADDRESS 1800 S OCEAN BLVD 1506
CITY-ST-ZIP POAMPANO BEACH FL ☐ DELETE

TITLE VS
NAME GAFFIGAN, STEPHEN M
STREET ADDRESS 1800 S OCEAN BLVD 1506
CITY-ST-ZIP POMAPNO BEHA FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PT ☐ Change ☐ Addition
1.2 NAME ROCHE ASHLING
1.3 STREET ADDRESS 1300 S.E. 17th St. Causeway #217
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ Change ☐ Addition

2.1 TITLE VS ☐ Change ☐ Addition
2.2 NAME Gaffigan, Stephen M
2.3 STREET ADDRESS 1300 S.E. 17th Street Causeway #217
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33316 ☐ Change ☐ Addition

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ashling Roche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashling Roche, President

4/27/96 (954) 467-6616
Date Daytime Phone #

CR2E034 (12/95)