FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

954) 467-6666

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

appears in Block 12 or Block

SIGNATURE:

DOCUMENT # P93000067152 (7)

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

Principal Place of Business 1300 S.E. 17TH ST. CAUSEWAY SUITE 217		Mailing Address		4 LEGINGOL LUG 18160 YILIY GONIY GONIY GENIY GONIY GONIY HODOL YURUN GUNIA 16001		
		1300 S.E. 17TH ST. CAU	SEWAY			
		SUITE 217				
	DALE FL 33316	FORT LAUDERDALE FL	33316-1721	***************************************		
US		US		3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Repo 05/01/1996	ərt
	face of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
21		26		65-0439330	Not A	pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	□ \$8.75 Add	itional
22		27		a. Certificate of Status Desired	Fee Requi	red
City & State	e	City & State		6. Election Campaign Financing	\$5.00 Ma	у Ве
23		28		Trust Fund Contribution	Added to F	
Z(p r===	Country	Zip	Country	8. This corporation has liability for		9.032,
24	25	29	30		Yes 🔀 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	glatered Agent	
	CHE, ASHLING		81 Name			
	o S.E. 17th Street Causew	'AY	82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
	TE 217					
FOR	IT LAUDERDALE FL 33316		B3			
			84 City		lee Zin Cos	
			Only		FL 85 Zip Coo	16
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, the above-named co	rporation submits this statement for the p	ourpose of changing its re	gistered
office or n agent it a	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was ligations of Section 607 0505. F	authorized by the corpori	ation's board of directors. I hereby accep	at the appointment as reg	istered
		A President				
SIGNATURE	5 gradual typed or printed name of registered a		TE Registered Agent signature req	ured when reinstating)	DATE	
12.	OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS II	V 12
TUÇE	PT	DELETE	1.1 TITLE		Change	Addition
NAME	ROCHE, ASHLING		1,2 NAME			
STREET ADDRESS	1300 S.E. 17TH ST CAUSEW	VAY #217	1.3 STREET ADDRESS			i
CHY-\$1-709	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			i
THLE	VS	DELETE	2.1 TITLE		☐ Change	Addition
NAME	GAFFIGAN, STEPHEN M		2.2 NAME			
STREET ADDRESS	1300 S.E. 17TH STREET CA	USEWAY #217	2.3 STREET ADORESS			
CITY - ST - ZIP	FORT LAUDERDALE FL		2.4 CHY-ST-ZIP			
THEF		DELETE	3.1 TITLE		☐ Change ☐	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY - ST - ZIP THLF		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change	Addition
NAME		La betelt	4.7 TITLE 4. 2 NAME		La cualige L	_ naviadii
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZiP		DELETE	4.4 CITY - ST - ZIP			Addition
TITLE		F"I nereit	5.1 TITLE		Change	_ Addition
NAME			5.2 NAME			
STREET ADORESS			5 3 STREET ADDRESS			
CITY-S1-Zif	MITAL TO SEC. THE SECRET STATE OF THE SECRET SECRET SEC.	Пънг	5 4 CITY - SY - ZIP	N-		7.4500
TITLE		☐ DELETE	6 1 TIYLE		Change] Addition
NAME			62 NAME	•		
STREET ADDRESS			63 STREET ADDRESS			
CITY ST 201	of PARTITY of Annual Control of the		6 4 CiTY+ST-ZiP			<u> </u>
14. I do heret	by certify that the information supplies included on the annual report of	ied with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certify that the	Anth. the
I am an of	flicer or director of the corporation	or the receiver or trustee empo	wered to execute this repo	ort as required by Chapter 607, Florida S	tatutes; and that my nam	e e