

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000081164 (4)**

1. Corporation Name

AMS ENGINEERING AND ENVIRONMENTAL, INC.



Principal Place of Business

Mailing Address

204 E MCKENZIE STREET
SUITE F
PUNTA GORDA FL 33950

204 E MCKENZIE STREET
SUITE F
PUNTA GORDA FL 33950

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

ALLHANDS, MARCUS N
204 E MCKENZIE STREET
SUITE F
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
04/20/1995

4. FEI Number

65-0451827

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

10. Name and Address of New Registered Agent

81 Name

Morris, Nigel E.

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

9175 Strasse Boulevard

83

84 City

Punta Gorda,

FL

85 Zip Code
33980

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

N.E. Morris **N.E. MORRIS**

5/5/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P- VP	ALLHANDS, MARCUS N	743 MERRICK LANE	PORT CHARLOTTE FL	<input type="checkbox"/>
VP1- VP	PROCHASKA, JAMES F	23207-ABRADE AVENUE-2000	Huntington Dr. PORT CHARLOTTE FL	<input type="checkbox"/>
VP5- P	MORRIS, NIGEL E	9175 STRASSE BOULEVARD	PUNTA GORDA FL	<input type="checkbox"/>
ST	Maryjune W. Rice	2150 W. Marion Avenue	Punta Gorda, Florida 33950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>

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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:

N.E. Morris **N.E. MORRIS** PRESIDENT

4/22/96

941 575 2500

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)