

2-21-97 B-2164 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P93000081164 (4)
 1. Corporation Name
AMS ENGINEERING AND ENVIRONMENTAL, INC.



Principal Place of Business
**204 E MCKENZIE STREET
 SUITE F
 PUNTA GORDA FL 33950**

Mailing Address
**204 E MCKENZIE STREET
 SUITE F
 PUNTA GORDA FL 33950-6024**

2. Principal Place of Business
 21 Suite Apt. # etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0451827

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
**MORRIS, NIGEL E
 9175 STRASSE BOULEVARD
 PUNTA GORDA FL 33980**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLHANDS, MARCUS N	
STREET ADDRESS	743 MERRICK LANE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PROCHASKA, JAMES F	
STREET ADDRESS	2000 HUNTINGTON DR	
CITY - ST - ZIP	COLLEGE STATION TX 77845	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORRIS, NIGEL E	
STREET ADDRESS	9175 STRASSE BOULEVARD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RICE, MARYJUNE W	
STREET ADDRESS	2150 W MARION AVENUE	
CITY - ST - ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	205 N. 2nd Street
1.4 CITY - ST - ZIP	Lewisville IN 47352
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 checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33982
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: MORRIS 1/27/97 944 575 2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)