

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 # P93000086493 (2)

1. Corporation Name  
AMS II, INC.



Principal Place of Business Mailing Address  
941 S.W. 8TH STREET 941 S.W. 8TH STREET  
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069  
US US

3. Date Incorporated or Qualified 12/16/1993 3a. Date of Last Report 03/03/1995  
4. FEI Number 65-0455959 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MURRAY, JOHN E.  
941 S.W. 8TH STREET  
110 SE 6TH STREET, 110 TOWER, SUITE 1840  
POMPANO BEACH FL 33069

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DPS MURRAY, JOHN E. 941 S.W. 8TH STREET POMPANO BEACH FL  
VP MURRAY, MICHAEL E. 941 S.W. 85TH STREET POMPANO BEACH FL  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE 12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
2 1 TITLE 22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
3 1 TITLE 32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
4 1 TITLE 42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
5 1 TITLE 52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
6 1 TITLE 62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)