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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000086493 (2)

AMS II. INC

FILED
Jan 28 1998 8:00am
Secretary of State

AMS I	i, inc.				
Bringing! Place	of Business	Mailing Address			—{
Principal Place					
941 S.W. 8T	H STREET BEACH FL 33069	941 S.W. 8TH STREET POMPANO BEACH FL 33069			
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/16/1993
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0455959   Not Applicable   \$8.75 Additional
Suite, Apr. #, etc.		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MURRAY, JOHN E. 81 Nar				Name	
	11 S.W. 8TH STREET	82 Street		Street Addi	ress (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33069		83		<del> </del>	
			0.5	Ϊ	
			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 registried agent and title diarplicable (NOTL: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PSD	( DELETE	1.1 TITLE		Change Abouton
NAME	MURRAY, JOHN E		1.2 NAME		
STREET ADDRESS	941 S.W. 8TH STREET POMPANO BEACH FL			T ADDRESS	
CITY-ST-ZIP TITLE	AS	DELETE	1.4 CITY- 2.1 TITLE	51-211	Change Addition
NAME	CULBERT, PAM				
STREET ADDRESS	941 SW 8TH STREET			T ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 3306			-ST - ZiP	
TITLE		DELETE 3.1			Change Addition
NAME			3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		T ADDRESS	
CITY-ST-ZIP			3.4. CITY - S		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP		TT ~ 5. 5 5 5	4.4 CITY-	ST-ZIP	AL 14340
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	l l	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		DELETE 61 TITL		SI-ZIP	Change Addition
TITLE			62 NAME		
NAME				T ADDRESS	
STREET ADORESS			6.4 CITY-		
CITY-ST-ZIP	ertify that the information supplied wi	ith this filling does not qualify fo	or the exem	ption 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 of 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.					