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 #

P93000086499 (9)

AMS III, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			i soomoon am nacos affil ooth oosh boelf di	
941 S.W. 6TH STREET 941 S.W. 6TH STREET						
POMPANO BEACH FL 33069 POMPA		POMPANO BEACH FL 3	JPANO BEACH FL 33089		50 407 447 77	W0 00.405
US		US			DO NOT WRITE IN TH	IIS SPACE
]					3. Date incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address			12/17/1993 4. FEI Number	A continue of Con-
21 26					65-0455961	Applied For Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State					8. Election Campaign Financing	\$5.00 May Be
23	23 28				Trust Fund Contribution	Added to Fees
Zip	Country Zip Cou		Country	'	8. This corporation owes or has paid the	current year Intangible
24	25 29 30		30		Personal Property Tax due June 30.	☐ Yes ☐ No
ļ	g. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Register	ed Agent
MURRAY, JOHN E.				Name		
941 S.W. 8TH STREET 110 SE 6TH STREET, 110 TOWER, SUITE 1840			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
			-		· · · · · · · · · · · · · · · · · · ·	
POMPANO BEACH FL 33069			83			
			84	City		85 Zip Code
dd Durauant	to the provinces of Castiana COT DEC	00 and 007 1000 Finding Otto				L 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 age	un and tille if applicable (NOTE	0		ed when reinstating) DA1	
12.		D DIRECTORS	13.	ini signatura requir	ed when reinstaling) DA1 ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS	DELETE	1.1 TITLE		ADDITIONAJONANOES TO OFFICEINS A	Change Addition
NAME	MIRRAY IOUR P		1.2 NAME			_ , _
STREET ADDRESS	A A		1.3 STREET ADDRESS			
CITY-ST-ZIP	_POMPANO BEACH FL		1.4 CITY-S	T- ZIP		
TITLE	VP	DELETE	2.1 TITLE			Change Addition
NAME	MURRAY, MICHAEL E. 22N		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		
TITLE		VP DELETE 3.1 %				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRES\$		
C(TY-ST-ZIP			3.4. CITY - S	T-ZIP		
TITLE			4.1 TITLE	Ì		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	I - ZIP		0
TITLE	. I		5.1 THILE			☐ Change ☐ Addition
NAME OZOGOZ ADDDOGOG			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE			5.4 CITY-ST	- ZIP		Change 1 4440
NAME .		☐ VELCIE	6.1 TITLE			Change Addition
i			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	10 TO		6.4 CITY-ST	-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 an attachment with an address.