

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000036085 (6)

1. Corporation Name

Ameri-Tec Marketing, Inc.

Principal Place of Business

5975 Sunset Drive  
Penthouse 802  
South Miami, Florida 33143

Mailing Address

Same

3. Date Incorporated or Organized

05/09/1994

3a. Day of Last Report

1995

4. FIC Number

65-0493353

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. 190.03,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Robert M. Hoffman, Esq.  
5975 Sunset Drive, PH 802  
South Miami, Florida 33143

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 607.01(2) and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent address. The corporation was duly organized by the corporation's board of directors. I hereby accept the appointment as registered agent for this corporation and accept the responsibilities of Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

|                |                        |                                  |
|----------------|------------------------|----------------------------------|
| NAME           | D                      | <input type="checkbox"/> OFFICER |
| STREET ADDRESS | McLellan, Anthony      |                                  |
| CITY & STATE   | 17994 S.W. 97 Avenue   |                                  |
|                | Miami, Florida 33157   |                                  |
| NAME           | D                      | <input type="checkbox"/> OFFICER |
| STREET ADDRESS | Alenier, Charles Dr.   |                                  |
| CITY & STATE   | 17994 S.W. 97th Avenue |                                  |
|                | Miami, Florida 33157   |                                  |
| NAME           | D                      | <input type="checkbox"/> OFFICER |
| STREET ADDRESS | Wood, Christopher      |                                  |
| CITY & STATE   | 17994 S.W. 97 Avenue   |                                  |
|                | Miami, Florida 33157   |                                  |
| NAME           | D                      | <input type="checkbox"/> OFFICER |
| STREET ADDRESS | Summers, Jerome Dr.    |                                  |
| CITY & STATE   | 17994 S.W. 97 Avenue   |                                  |
|                | Miami, Florida 33157   |                                  |
| NAME           | D                      | <input type="checkbox"/> OFFICER |
| STREET ADDRESS | Elliott, Judy          |                                  |
| CITY & STATE   | 17994 S.W. 97 Avenue   |                                  |
|                | Miami, Florida 33157   |                                  |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                |                                  |                              |
|----------------|----------------------------------|------------------------------|
| NAME           | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ADD |
| STREET ADDRESS |                                  |                              |
| CITY & STATE   |                                  |                              |
| NAME           | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ADD |
| STREET ADDRESS |                                  |                              |
| CITY & STATE   |                                  |                              |
| NAME           | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ADD |
| STREET ADDRESS |                                  |                              |
| CITY & STATE   |                                  |                              |
| NAME           | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ADD |
| STREET ADDRESS |                                  |                              |
| CITY & STATE   |                                  |                              |
| NAME           | <input type="checkbox"/> OFFICER | <input type="checkbox"/> ADD |
| STREET ADDRESS |                                  |                              |
| CITY & STATE   |                                  |                              |

600001902556  
-07/23/96--01141--009  
\*\*\*225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Jerome Summers

CR2E034 (3/96)