

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:14

DOCUMENT # P94000044330 (6)

1. Corporation Name

AM-FLO CORPORATION

Principal Place of Business

Mailing Address

% 224 EAST MARKS AVENUE
ORLANDO FL 32803

% 224 EAST MARKS AVENUE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3b. Date of Last Report

06/06/1994

4. FEI Number

59-324 8114

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. 190.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 135 EAST MARKS ST

26 135 EAST MARKS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL.

28 ORLANDO, FL.

Zip

Country

Zip

Country

24 32803

25 ORANGE

29 32803

30 ORANGE

9. Name and Address of Current Registered Agent

SMISSMAN, CLARINE
224 EAST MARKS AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

CLARINE SMISSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

135 EAST MARKS STREET

83

84 City

ORLANDO

FL

85 Zip Code

32803

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 filed applicant)

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME UENO, TSUNEKAZU.T
STREET ADDRESS 2216 FOUNTAIN KEY CIRCLE
CITY-ST- ZIP WINDERMERE FL 34786

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST- ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 for the previous or future unexpired term empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or does not appear with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-10-95 (407)649-0001