

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000049390 (5)**

1. Corporation Name

AMA DETAILING, INC.



Principal Place of Business

**3463 GRIFFIN RD.
FT LAUDERDALE FL 33312
US**

Mailing Address

**3463 GRIFFIN RD.
FT LAUDERDALE FL 33312
US**

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0512223

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

21 **3463 Griffin Rd**

Suite, Apt. #, etc.

22 ~~3463 Griffin Rd~~

City & State

23 **Ft. Lauderdale, Fl.**

Zip

24 **33312**

Country

25 **USA**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 **11**

City & State

28 **11**

Zip

29 **11**

Country

30 **11**

9. Name and Address of Current Registered Agent

**BALMA, PETER S
4900 SW 188 AVE
FT LAUDERDALE FL 33322**

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

Peter S. Balma

Peter S. Balma

5-27-96

Signature typed or printed name of registered agent and State of incorporation

Signature typed or printed name of registered agent and State of incorporation

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BALMA, PETER S**
STREET ADDRESS **4900 SW 188 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33322**

TITLE **D** ☐ DELETE
NAME **BALMA, PETER V**
STREET ADDRESS **4900 SW 188 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33322**

TITLE **D** ☐ DELETE
NAME **BALMA, PETER V**
STREET ADDRESS **4900 SW 188 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33322**

TITLE **D** ☐ DELETE
NAME **PALMER, MARY**
STREET ADDRESS **4900 SW 188 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **Balma, Peter S**
1.3 STREET ADDRESS **4900 SW 188 AVE**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Balma, Lynn**
2.3 STREET ADDRESS **3463 Griffin Rd.**
2.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Balma, Peter V**
3.3 STREET ADDRESS **3463 Griffin Road**
3.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Balma, Mary**
4.3 STREET ADDRESS **3463 Griffin Road**
4.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **300001873673**
5.3 STREET ADDRESS **-06/24/96--01054--020**
5.4 CITY-ST-ZIP *****200.00**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **200001873672**
6.3 STREET ADDRESS **-06/24/96--01054--019**
6.4 CITY-ST-ZIP *****25.00**

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:

Peter S. Balma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Balma

5-27-96

(954) 964-5904

CR2E034 (12/95)