

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053059 (9)

1. Corporation Name

AMPEL PROBE CORPORATION, INC.



Principal Place of Business

Mailing Address

2499 W GLADES RD
SUITE 207
BOCA RATON FL 33431

2499 W GLADES RD
SUITE 207
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21301 Powerline Rd.

21301 Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

BOCA RATON, FL

BOCA RATON, FL

23. Zip

Country

28. Zip

Country

24. 33433

25. USA

29. 33433

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESNICK, ROBERT B
7777 GLADES RD
SUITE 207
BOCA RATON FL 33434

81. Name ROBERT SPOONT

82. Street Address (P.O. Box Number is Not Acceptable) 21301 Powerline Rd. Su. 208

83.

84. City BOCA RATON FL 85. 33433

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

Robert Spoon

(If 81 is Registered Agent's signature, sign and date for change)

8/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME AMPEL, STUART
STREET ADDRESS 98 S FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME SPOONT, ROBERT
STREET ADDRESS 2499 W. GLADES RD.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME LENWON, HENRY
STREET ADDRESS 2499 W. GLADES RD.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE ☒ Change ☐ Addition

12. NAME
13. STREET ADDRESS 21301 Powerline Rd. Su. 208
14. CITY-ST-ZIP BOCA RATON, FL 33433

21. TITLE ☒ Change ☐ Addition

22. NAME
23. STREET ADDRESS 21301 Powerline Rd. Su. 208
24. CITY-ST-ZIP BOCA RATON, FL 33433

31. TITLE ☒ Change ☐ Addition

32. NAME
33. STREET ADDRESS 21301 Powerline Rd. Su. 208
34. CITY-ST-ZIP BOCA RATON, FL 33433

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SPOONT

8/6/96

561-482-8000

CR2E034 (3/96)