FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

A LONGSON CON LONG MANAGEMENT ARTIS MANGEMENT AL BURGE FLORE ALCO AND ARTIS (MAI LANGUE FRANCE)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072339 (2)

AMERICAN MOTOR WORKS CO.

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Principal Place of Business Mailing Address) (83)(63) (18 (8))) 93)(1 83)(1 83)(1 83)(1 93)(1 93)(1 193) (193) (193)				
PO BOX 372541 SATELLITE BEA US	i CH FL 32937-541	PO BOX 372541 SATELLITE BEACH FL 31 US	SATELLITE BEACH FL 32937-0541							
						3. Date Incorporated or Qualified 10/03/1994	3a. Date 06/13	of Last Re /1996	eport	
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	{			
21		26				59-3270950 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt #, etc.	h			5. Certificate of Status Desired		\$8.75		
22 City & State		City P. Chata	·			<u> </u>		Fee Re		
23 City & Stati	e	City & State	hng			Election Campaign Financing Trust Fund Contribution	\Box	\$5.00		
Zip	Country	7ip	Cour	try	······			Added t		
24 25		29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cure		130]			10. Name and Address of New Re				
RICH	IEY, JAMES		1	31 Nar	ne					
200 SOUTH HARBOR CITY BLVD			-	32 Stre	et Addro	Address (P.O. Box Number is Not Acceptable)				
	E 201		-	33						
MELI	BOURNE FL 32901] '	23						
			Ī	34 City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the ab	L ove-nam	ed corpo	oration submits this statement for the p	ourpose of c	hanging it	s registered	
office or r	egistered agent, or both, in the Sta I m familiar with, and accept the ot h	ate of Florida. Such chance wa	s authorized	by the d	corporation	on's board of directors, I hereby accep	ot the appoir	ntment as	registered	
SIGNATURE										
10	Signature, typed or printed name of registered			Agent signa	iture require	ed when reinstating)	DATE	NDEOTOR	00 161 40	
12.	DVŠT OFFICERS A	AND DIRECTORS DELETE	13. 1.1 Till	c		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	STARKE, JEFFREY W	pttt-t	1,2 NA				L_	_1 Onenge	□ Voaition	
STREET ADDRESS	988 SPRING ST NW			is Eet addre	00					
CITY-ST-ZIP	PALM BAY FL			(-ST-ZIP	3.5					
TITLE	D	DELETE	2.1 181		7	10/+		Change	Addition	
NAME	CHEAL, JAMES R		2.2 NA	16		AllEN TAMES	P	_ •		
STREET ADDRESS	670 BARCELONA CT		2.3 \$19	EET ADDRE	ss	LATO DADAKINAL	ξ ČΤ.			
CITY-ST-ZIP	SATELLITE BEACH FL		2, 4 Cf1	Y - S1 - ZIP		SATELLITE B	EACH F	z_L .		
TITLE		☐ DELETE	3.1 TATE			P/T CHEAL, JAMES 670 BARCELONA SATELLITE B	, L	Change	Addition	
NAME			3,2 NA	15						
STREET ADDRESS		,	3:3 S1A	EET ADDRE	SS					
CITY-ST-ZIP			3,4. CI1	Y - S1 - ZIP						
TITLE		DELETE	4.1 791	£				Change	Addition	
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STREET ADDRESS			4,3 \$16	EET ADDRE	SS					
CITY-ST-ZIP		The serve		-ST-ZIP				1.61	- -	
TITLE		☐ DELETE	5.1 1111				L	Change	L	
NAME			5:2 NAN							
STREET ADDRESS				EET ADDRE	SS					
CITY-ST-ZIP		☐ DELETE		- \$1 · ZIP				Change	☐ Addition	
TITLE		□ MILLE	6.1 TITE 6.2 NA				L	T CHAIRS	☐ Vogitioij	
NAME CYDEST ADDRESS					.					
STREET ADDRESS				EET ADDRE: 4-st-zip	09					
DILLE-SI-/IF	l .		■ h4 DU	- 51 - 715	- 1				,	

14. I do heroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empoyed 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:

TAMES R. CHEAL 4/25/97 (401) 777-5555