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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000083906 (4)**

ADVANCED MATERIALS LAB, INC.

2730 KIRBY AVENUE NE 2730 KIRBY AVENUE NE SUITE 5 PALM BAY FL 32905 PALM BAY FL 32905-3402 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 04/16/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3342969 Not Applicable 21 26 Suite Ant # etc Suite, Apl. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🗹 Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SENTI, MARK W 2730 KIRBY AVENUE NE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 5 83 PALM BAY FL 32905 84 City 85 Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 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 Signation types or price than a little proposed agent and bitter applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE THE SENTI, MARK W 1.2 NAME NAME 2730 KIRBY AVENUE NE STE 5 STREET ADDRESS 13 STREET ADDRESS PALM BAY FL 32905 14 CITY-ST-ZIP CITY - ST - ZIP DELETE 21 TITLE Addition TITLE RAINER MEINKE 2.2 NAME NAME 5011 DIXIE HWY, A-102 STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 2 4 0(TY - ST - ZIP CITY - ST - ZIP DELETE 31 TITLE Change Addition TiTi F JOHN MOLENA 3.2 NAME NAME 425 CALIFORNIA AVE 3.3 STREET ADDRESS STREET ADDRESS STUART FL 3 4. CITY - ST - ZIP CHTY-SE-ZIP DELETE 4.1 TITLE Change Addition THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7:P 4.4 CITY - ST - ZIP ☐ Change DELETE Addition 5.1 TITLE T:TLF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST ZiP 5.4 CITY - ST - ZIP Change DELETE Addition **61 TITLE** TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY-ST-ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 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 chapter 6, or open attack remaining with an address.

SIGNATURE:

FILED

Jan 15 1997 8:00am

Secretary of State

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