

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010949

1. Corporation Name

AMERICAN HOME TECH INC.

Principal Place of Business

Mailing Address

4859 VICTOR ST.

JACKSONVILLE FLA. 32207

3. Date Incorporated or Qualified

2/12/96

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26

4. FEI Number

65-0647105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARY MUCKEL  
2300 GLADES RD.  
SUITE 400 EAST TOWER  
BOCA RATON, FLA. 33431

81 Name

V.R. FERRIGNO, JR.

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

4859 VICTOR ST.

83

JACKSONVILLE FLA.

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 officer and 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	
CITY, ST, ZIP	14 CITY-ST-ZIP	
TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	
CITY, ST, ZIP	24 CITY-ST-ZIP	
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	
CITY, ST, ZIP	34 CITY-ST-ZIP	
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	
CITY, ST, ZIP	44 CITY-ST-ZIP	
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	
CITY, ST, ZIP	54 CITY-ST-ZIP	
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	
CITY, ST, ZIP	64 CITY-ST-ZIP	

PRES., V.P., TREAS., SEC.  
NEIL R. FERRIGNO  
8500 PALM HALL DR.  
JACKSONVILLE FLA. 32207

N/A

100002148501  
-04/21/97--01016--013  
\*\*\*165.00

14. I do hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 904-239-1306

CR2E034 (9/96)