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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P96000025536 (9)

AMERICAN MARINE TRANSMISSION, INC.

Principal Place of Business	Mailing Address
17217 66 COURT NORTH LOXANATCHEE FL 33470	17217 66 COURT NORTH LOXAHATCHEE FL 33470

**FILED** May 11 1998 8:00am Secretary of State



Principal Place	o of Dunings	Mailing Address				
		•				
17217 66 COU LOXAHATCHE		17217 66 COURT NORTI LOXAHATCHEE FL 3347				
EOWNERTONE	E FL 33470	COARIATORICE TE 3040				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/22/1996
	lace of Business	2a. Maifing Address				4. FEI Number Applied For
21	# -to	Cuito Ant # etc				59-3367127   Not Applicable
Suite, Apt.	#, 9tC.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	a	City & State				Election Campaign Financing \$5.00 May Be
23	~	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. No No
	g. Name and Address of Current	Registered Agent		Γ.		10. Name and Address of New Registered Agent
BRI	UNN, FREDERICK V			81	Name	ame
	17 66 COURT NORTH			82	Street	reet Address (P.O. Box Number is Not Acceptable)
	XAHATCHEE FL 33470			Ш		
				83		
				84	City	ty 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State (	and 607.1508, Florida <b>Sta</b> tu of Florida, Such chan <b>ge wa</b> s	ites, the a authorize	d by	-named	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I ai	m tamiliar with, and accept the obliga	ions of, Section 607.0505, F	lorida Sta	tutes	i.	, , , , ,
SIGNATURE			T/ D			nature required when reinstating) DATE
12.	Signature, typical or printed name of registered agen OFFICERS AND		13.	u Age	ri, signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	11.6		☐ Change ☐ Addition
NAME	<b>B</b> RUNN, GAIL D		1.2 N	AME		
STREET ADDRESS	17217 66 COURT NORTH		1.3 \$	TREET	ADDRESS	ESS
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 C	IfY-S	1 - ZIP	
TITLE	D	DELETE	2.1 11	TLE		Change Addition
NAME	BRUNN, FREDERICK V		2.2 N	AME		
STREET ADDRESS	17217 66 COURT NORTH		2.3 S	TREET	ADDRESS	ESS
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2 4 0	ary-s	T-Z#P	
TITLE		☐ DELETE	3111	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	ESS
City-St-ZIP				•	T-ZIP	
TITLE		☐ DEL€TE	4.1 TI	TLE		Change Addition
NAME			4.2 N			1
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		Politi		ITY - S	T - ZIP	
TITLE		☐ DELETE	5.1 TI			Change Addition
NAME			5.2 N			
STREET ADORESS					ADDRESS	1
CITY-ST-ZIP		DELETE		ITY - S	I - ZIP	Change Addition
TITLE		□ otre(t	6.1 11			Limite   Nation
NAME			6.2 N		ABBRESS.	
STREET ADDRESS					ADDRESS	i
CITY-ST-ZIP	partify that the information supplied will	h this filma does not qualify		ITY - ST		stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information

s ming does not quarity for the exemption stated in Section Fis.07(3)(f), Florida Statutes, Further Certify that the informatic difference and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in it with a address. indicated on this annual report or supplemental annu officer or director of the corporation or the region block 12 or Block 13 if changed or or an indicate or