

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

1997 JUL 28 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P96000069450 (0)**  
 1. Corporation Name  
**ADVANCED METALWORKING TECHNOLOGY, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>19299 VINTAGE TRACE CIR<br/>FT MYERS FL 33912</b> | Mailing Address<br><b>19299 VINTAGE TRACE CIR<br/>FT MYERS FL 33912</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |                                 |
|--|---------------------------------|
| <b>21</b> 2. Principal Place of Business | <b>26</b> 2a. Mailing Address   |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc.             |
| <b>23</b> City & State                   | <b>28</b> City & State          |
| Zip <b>24</b> Country <b>25</b>          | Zip <b>29</b> Country <b>30</b> |

|  |  |
|--|--|
| <b>3.</b> Date Incorporated or Qualified<br><b>08/19/1996</b>  | <b>3a.</b> Date of Last Report                         |
| <b>4.</b> FEI Number<br><b>25-1554042</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5.</b> Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
**MASHIONE, CATHERINE J**  
**19299 VINTAGE TRACE CIR**  
**FT MYERS FL 33912**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>500002260005--5</b> |
| <b>83</b> City & State<br><b>08/06/97-01113-017</b><br><b>***165.00 ***165.00</b>      |
| <b>84</b> City <b>FL</b> <b>85</b> 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MASHIONE, JOSEPH F</b>                |
| STREET ADDRESS | <b>19299 VINTAGE TRACE CIR</b>           |
| CITY-ST-ZIP    | <b>FT MYERS FL 33912</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MASHIONE, CATHERINE J</b>             |
| STREET ADDRESS | <b>19299 VINTAGE TRACE CIR</b>           |
| CITY-ST-ZIP    | <b>FT MYERS FL 33912</b>                 |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |   |
|---------------------------|---|
| <b>1.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2</b> NAME           |   |
| <b>1.3</b> STREET ADDRESS |   |
| <b>1.4</b> CITY-ST-ZIP    |   |
| <b>2.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2</b> NAME           |   |
| <b>2.3</b> STREET ADDRESS |   |
| <b>2.4</b> CITY-ST-ZIP    |   |
| <b>3.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2</b> NAME           |   |
| <b>3.3</b> STREET ADDRESS |   |
| <b>3.4</b> CITY-ST-ZIP    |   |
| <b>4.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2</b> NAME           |   |
| <b>4.3</b> STREET ADDRESS |   |
| <b>4.4</b> CITY-ST-ZIP    |   |
| <b>5.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2</b> NAME           |   |
| <b>5.3</b> STREET ADDRESS |   |
| <b>5.4</b> CITY-ST-ZIP    |   |
| <b>6.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2</b> NAME           |   |
| <b>6.3</b> STREET ADDRESS |   |
| <b>6.4</b> CITY-ST-ZIP    |   |

**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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)

Sec 7-28-97

*Advanced Metalworking Technology, Inc.*

*19299 Vintage Trace Circle  
Fort Myers, Florida 33912*

July 21, 1997

Annual Report Section  
P. O. Box 6327  
Tallahassee, Florida 32314

Per my telephone conversation today, I am enclosing a check in the amount of \$165.00 for the filing of the Annual Report.

We never received a first notice for us to file, and this second notice was just received after my telephone call to you on July 16, 1997.

If you need any further information, please call me at (941)466-1612, or fax me at (941)466-3747. Thank you.

Sincerely,

*Catherine J. Mashione*

Cathy Mashione