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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098785 (4)

## FILED Mar 26 1998 8:00am Secretary of State

1. Corporation AMSI H	OLDING, INC.	0000700 (4	,		1121   1211   1880   1816   1811   1881
Principal Place	of Business	Mailing Address	,	I ABDIHOPH AFB OUTHO DENIK DENIK EDHAN DENIK D	4191 10111 14001 10101 0111 1001
101 NW 176TH ST 101 NW 176TH ST MIAMI FL 33169				DO NOT WRITE IN THIS	2 PDACE
				3. Date Incorporated or Qualified	SPACE
				12/06/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	#	26		65-0719923	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	<del> </del>
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	i Agent
HIGHTOWER, JAMES M 101 NW 1767H ST MIAMI FL 33169			81 Name		
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
••••			83	**	
			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 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		,			
	Signature, typed or printed name of registered ag		TE: Registered Agent signature require	. *	
12.		ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD Hightower, James M		1.1 TITLE		Change Addition
NAME STREET ADDRESS	6411 SW 183RD WAY		1.2 NAME		
CITY-ST-ZIP	FT LAUDERDALE FL 33331		1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		
TITLE	11 2 10 2 10 10 10 1	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	10°	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-2IP			3.4. CITY-ST-ZIP		
TITLE		L. DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	· <u></u>	Change D Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	all the the information and in a	10 to		Costing 110 07/2Vi) Florida Ctatutas I further	

4. I 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an indires.

SIGNATURE:

Hellower