

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066934 (5)

1. Corporation Name

AMM MANAGEMENT, INC.

FILED
Aug 26 1998 8:00am
Secretary of State



Principal Place of Business

Mailing Address

0251 PALM TRACE LANDING #210
DAVE FL 03314

0251 PALM TRACE LANDING #210
DAVE FL 33314

1757 S. CURLEW LN
HOMESTEAD FL 33035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEL Number

65-0774320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1757 South CURLEW LANE
Suite, Apt. #, etc.

2a. Mailing Address

26 1757 South CURLEW LANE
Suite, Apt. #, etc.

22 City & State
HOMESTEAD FL

27 City & State
HOMESTEAD FL

23 Zip 33035 Country USA

28 Zip 33035 Country USA

24 33035 25 USA

29 33035 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, ABUR ROSHID
0251 PALM TRACE LANDING #210
DAVE FL 03314
1757 South CURLEW LANE
HOMESTEAD FL 33035

81 Name

82 Street Address (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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ABDUR ROSHID KHAN
STREET ADDRESS 1757 S. CURLEW LN
CITY-STATE-ZIP HOMESTEAD, FL-33035

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D.S. MANZURUL ISLAM
NAME
STREET ADDRESS 12693 TORBAY DRIVE
CITY-STATE-ZIP BOCA RATON, FL-33428

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

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***150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. 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 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

8/12/98 305 248-7351

CR2E034 (5/98)

(2)

GENTLEMEN:

PLEASE BE AWARE THAT
WE NEVER RECEIVED THE
FIRST ANNUAL REPORT.

KINDLY ACCEPT THIS FILING.
THANK YOU.

AR. Kh. 8/12/98