

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S10363 (7)

1. Corporation Name

AMEX PLASMA MANAGEMENT, INC.



Principal Place of Business

**175-B US HWY 1
#249
TEQUESTA FL 33469
US**

Mailing Address

**175-B US HWY 1
#249
TEQUESTA FL 33469
US**

3. Date Incorporated or Qualified
11/02/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 177 US Hwy 1

Suite, Apt. #, etc.

22 #285

City & State

23

Zip

24

Country

25 USA

2a. Mailing Address

26 177 US Hwy 1

Suite, Apt. #, etc.

27 #285

City & State

28

Zip

29

Country

30 USA

4. FEI Number

65-0228925

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**FERREN, JUNE L.
175-B US HWY 1
#249
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81 Name

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

177 US Hwy 1

#285

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 firm if applicable

(NOTE: Registered Agent signature required when not submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

FERREN, JUNE L.

STREET ADDRESS

175-B US HWY 1 #249

CITY-ST-ZIP

TEQUESTA FL

TITLE

VP

☒ DELETE

NAME

SHERWOOD, JERRY D

STREET ADDRESS

1120 MAIDWOOD

CITY-ST-ZIP

LA PLACE LA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

177 US HWY 1 #285

1.4 CITY-ST-ZIP

TEQUESTA FL 33469

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

June L. Ferren June L. Ferren

4/27/96

(800) 338-0846

CR2E034 (12/95)