SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S46713** **(1)**

1. Corporation Name
AMERICAN MADE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
401 SOLAZ AVENUE PORT ST. LUCIE FL 34983 US	401 SOLAZ AVENUE PORT ST. LUCIE FL 34983 US

2. Principal Place of Business	2a. Mailing Address
21 734 CHALOUPE AVE.	26 734 CHALOUPE AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PORT ST. LUCIE FL	28 City & State: PSL. FL
24 Zip: 34983 25 Country	29 Zip: 34983 30 Country: U.S.

3. Date Incorporated or Qualified: 04/18/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0266572	☐ 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

BRENT RAY
401 SOLAZ AVENUE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: BRENT RAY
82 Street Address (P.O. Box Number is Not Acceptable): 734 CHALOUPE AVE.
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

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 _____ DATE _____
Signature, typed or printed name of registered agent and title of officer, if any (NOTE: Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS

TITLE	SDV	☐ DELETE
NAME	RAY, BRENT	
STREET ADDRESS	~~401 SOLAZ AVENUE~~ 734 CHALOUPE AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VTD	☐ DELETE
NAME	RAY, BRENT	
STREET ADDRESS	~~401 SOLAZ AVENUE~~ 734 CHALOUPE AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
1.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Brent Ray 8/19/96 (561) 337-5590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #