


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra J. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S97415 1. Corporation Name AMC INDUSTRIES, INC.					
Principal Place of Business 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637			Mailing Address 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637		
2. Principal Place of Business 21 8408 TEMPLE TERRACE HIGHWAY Suite, Apt. #, etc.		2a. Mailing Address 26 8408 TEMPLE TERRACE HIGHWAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/02/1991 3a. Date of Last Report 4/26/96	
22 City & State 23 TEMPLE TERRACE, FL 33637 Zip Country		27 City & State 28 TEMPLE TERRACE, FL 33637 Zip Country		4. FEI Number 59-3096712 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WALSTEAD, DONALD 8408 TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE: Don Walstead Pres. DATE: 4/24/97					
12. OFFICERS AND DIRECTORS 11 TITLE: PRES 12 NAME: WALSTEAD, DONALD 13 STREET ADDRESS: 8408 TEMPLE TERRACE HIGHWAY 14 CITY-ST-ZIP: TEMPLE TERRACE, FL 33637 15 TITLE: <input type="checkbox"/> DELETE 16 NAME: <input type="checkbox"/> DELETE 17 STREET ADDRESS: <input type="checkbox"/> DELETE 18 CITY-ST-ZIP: <input type="checkbox"/> DELETE 19 TITLE: <input type="checkbox"/> DELETE 20 NAME: <input type="checkbox"/> DELETE 21 STREET ADDRESS: <input type="checkbox"/> DELETE 22 CITY-ST-ZIP: <input type="checkbox"/> DELETE 23 TITLE: <input type="checkbox"/> DELETE 24 NAME: <input type="checkbox"/> DELETE 25 STREET ADDRESS: <input type="checkbox"/> DELETE 26 CITY-ST-ZIP: <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 27 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 29 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 30 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 33 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 34 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 35 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 36 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 37 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 38 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 39 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 40 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 43 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 44 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 45 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 46 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 47 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 48 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 49 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 50 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 contained 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: Don Walstead Pres. DATE: 4/24/97 800002169518 -05/07/97--01059--050 ***165.00 813-989-9663					

CR2E034 (9/96)