

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 # **V57473** (3)

1. Corporation Name

A.A.M. INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**1057 CEPHAS RD
CLEARWATER FL 34625
US**

**1057 CEPHAS RD
CLEARWATER FL 34625
US**

2. Principal Place of Business

21 **3678 S.R. 44**

Suite, Apt. #, etc.

22

City & State

23 **New Smyrna Beach, FL**

Zip

24 **32168**

Country

25 **USA**

2a. Mailing Address

26 **3678 S.R. 44**

Suite, Apt. #, etc.

27

City & State

28 **New Smyrna Beach, FL**

Zip

29 **32168**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602**

3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

03/17/1995

4. FEI Number

59-3141164

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

10. Name and Address of New Registered Agent

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 the official capacity

(If RFE Registered Agent Signature required, when most long)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☒ DELETE
NAME **FURINO, PATRICIA**
STREET ADDRESS **1057 CEPHAS RD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PSTD** ☒ Change ☐ Addition
1.2 NAME **COX, BEN**
1.3 STREET ADDRESS **3678 S.R. 44**
1.4 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

2.1 TITLE **Asst. Secy.** ☒ Change ☐ Addition
2.2 NAME **RICHARD A. JACOBSON**
2.3 STREET ADDRESS **501 E. KENNEDY BLVD., 1700**
2.4 CITY-ST-ZIP **TAMPA, FL 33602**

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 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD JACOBSON

4/22/95

813 222 1159

Debra Phelan

CR2E034 (12/95)