



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90981		2. Name of Corporation A.M.S. Development Corp.			
3. Street Address Principal Business Office 639 PARK AVENUE			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 4017228699		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, FORM CONSTRUCT, BUILD, REBUILD,, DEVELOP, ERECT, GENERALLY DEAL IN, AT WHOLESALE AND RETAIL ANY AND ALL KINDS OF CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHELE PERRY			Vice President Name STEVEN PERRY		
Street Address 1767 BICENTENIAL AVE			Street Address 1767 BICENTENIAL AVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name STEVEN PERRY			Treasurer Name STEVEN PERRY		
Street Address 1767 BICENTENIAL AVE			Street Address 1767 BICENTENIAL AVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHELE PERRY			Director Name STEVEN PERRY		
Street Address 1767 BICENTENIAL AVE			Street Address 1767 BICENTENIAL AVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
600	NO PAR VALUE		600	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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90981 DBC 03/17/05 11:24:55 PM

FILED

Filing Date APR 18 2005 3:17

Check No. By [Signature]

By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

STEVEN PERRY

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

Date

4-12-05



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90981		2. Name of Corporation A.M.S. Development Corp.			
3. Street Address Principal Business Office 639 PARK AVENUE		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No. 4017228699		5. State of Incorporation RHODE ISLAND		6. SIC Code 34	
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, FORM CONSTRUCT, BUILD, REBUILD,, DEVELOP, ERECT, GENERALLY DEAL IN, AT WHOLESALE AND RETAIL ANY AND ALL KINDS OF CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHELE POTTS-PERRY		Vice President Name STEVEN T PERRY			
Street Address 118 DUTCHESS STREET		Street Address 118 DUTCHESS STREET			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name MICHELE POTTS-PERRY		Treasurer Name MICHELE POTTS-PERRY			
Street Address 118 DUTCHESS STREET		Street Address 118 DUTCHESS STREET			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHELE POTTS-PERRY		Director Name STEVEN T PERRY			
Street Address 118 DUTCHESS STREET		Street Address 118 DUTCHESS STREET			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 0 9 8 1

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer STEVEN T PERRY Date 3/15/04

Print or Type Name of Officer STEVEN T PERRY VICE PRESIDENT

Print or Type Name of Officer

Title of Officer

Form 630 12/01

90981 DBC 01/22/04 02:42:39 PM

File Date 4/2/04

Check No. 1033

By U,

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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903 1335
401 222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

90981

2. Name of Corporation

A.M.S. Development Corp.

3. Street Address Principal Business Office

639 Park Ave.

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

(401) 683-0127

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

7. Brief Description of the Character of Business Conducted in Rhode Island

New Home Building / Remodeling

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michele Perry

Vice President Name

Same

Street Address

118 Dutchess Ave

Street Address

City

N. Prov

State

RI

Zip

02904

City

State

Zip

Secretary Name

Same

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Same

Director Name

Same

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

600

Common

NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date: 4-29-03

Check No: 1782

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Michele Perry Date: 3-23-03

Print or Type Name of Officer: Michele Perry

Title of Officer: Pres.



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Innian, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90981**
2. Name of Corporation **A.M.S. Development Corp.**
3. Street Address Principal Business Office
639 Park Avenue
4. Business Phone No. **401-683-0127**
5. State of Incorporation **RHODE ISLAND**

City **Portsmouth** State **RI** Zip **02871**
6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island

new home building & remodeling

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Michele Potts-Perry**
Street Address
639 Park Avenue
City **Portsmouth** State **RI** Zip **02871**

Vice President Name **Steven T Perry**
Street Address
118 Dutchess Street
City **N Providence** State **RI** Zip **02904**

Secretary Name **Michele Potts-Perry**
Street Address
639 Park Avenue
City **Portsmouth** State **RI** Zip **02871**

Treasurer Name **Michele Potts-Perry**
Street Address
639 Park Avenue
City **Portsmouth** State **RI** Zip **02871**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Michele Potts-Perry**
Street Address
639 Park Avenue
City **Portsmouth** State **RI** Zip **02871**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date: 1/30/02
Check No: 1057
By: MP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michele Potts-Perry 1-29-02
Signature of Officer Date
President
Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90981**
2. Name of Corporation **A.M.S. Development Corp.**
3. Street Address Principal Business Office
639 PARK AVE.
4. Business Phone No. **(401) 683-0127**
5. State of Incorporation **RHODE ISLAND**

City **Portsmouth** State **R.I.** Zip **02871**
6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island

New Home Building + Remodeling

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Michelle Potts**
Street Address **639 PARK AVE.**
City **Portsmouth** State **R.I.** Zip **02871**

Vice President Name **STEVEN T PERRY**
Street Address **118 JANE ST.**
City **W. PRO.** State **R.I.** Zip **02904**
Treasurer Name **Michelle Potts**
Street Address **639 PARK AVE**
City **PORTSMOUTH** State **R.I.** Zip **02871**

Secretary Name **Michelle Potts**
Street Address **639 PARK AVE**
City **PORTSMOUTH** State **R.I.** Zip **02871**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Michelle Potts**
Street Address **639 PARK AVE**
City **PORTSMOUTH** State **R.I.** Zip **02871**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

600 **COMMON NO PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date **FILED**

Check No. **MAR 08 2001**

By **MD 257/84**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Michelle Potts** Date **2-26-01**

Print or Type Name of Officer **Michelle Potts**

Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **90981** 2. Name of Corporation **A.M.S. Development Corp.**
3. Street Address Principal Business Office **639 Park Ave.** City **Portsmouth.** State **RI** Zip **02871**
4. Business Phone No _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michele Potts Street Address 639 Park Ave. City Portsmouth State RI Zip 02871	Vice President Name Steven T. Perry Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904
Secretary Name Michele Potts Street Address 639 Park Ave. City Portsmouth State RI Zip 02871	Treasurer Name Steven T. Perry Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michele Potts Street Address 639 Park Ave. City Portsmouth State RI Zip 02871	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date 11/12/00

Check No. 1717

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michele Potts 11/10/2000
Signature of Officer Date

Michele Potts, President
Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90981

2. Name of Corporation

A.M.S. Development Corp.

3. Street Address Principal Business Office

639 Park Ave.

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

401-722-8699

5. State of Incorporation

RHODE ISLAND

6. SIC Code

34

7. Brief Description of the Character of Business Conducted in Rhode Island

Construction

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michele Potts

Vice President Name

Michele Potts

Street Address

639 Park Ave.

Street Address

639 Park Ave.

City

Portsmouth

State

RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

Secretary Name

Michele Potts

Treasurer Name

Michele Potts

Street Address

639 Park Ave.

Street Address

639 Park Ave.

City

Portsmouth

State

RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michele Potts

Director Name

Street Address

Street Address

639 Park Ave.

City

Portsmouth

State

RI

Zip

02871

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date: April 23, 99

Check No.: 1009

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michele Potts 2/27/99
Signature of Officer Date

Michele Potts president
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90981** 2. Name of Corporation **A.M.S. Development Corp.**

3. Street Address Principal Business Office **639 Park Ave.** City **Portsmouth** State **RI** Zip **02871**

4. Business Phone No. **401-722-8699** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Michele Potts	Vice President Name Michele Potts
Street Address 639 Park Ave.	Street Address 639 Park Ave.
City Portsmouth State RI Zip 02871	City Portsmouth State RI Zip 02871
Secretary Name Michele Potts	Treasurer Name Michele Potts
Street Address 639 Park Ave.	Street Address 639 Park Ave.
City Portsmouth State RI Zip 02871	City Portsmouth State RI Zip 02871

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Michele Potts	Director Name
Street Address 639 Park Ave.	Street Address
City Portsmouth State RI Zip 02871	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
600 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **5-13-98**
Check No. **1003**
By **10P**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michele Potts **5-8-98**
Signature of Officer Date
Michele Potts, President
Print or Type Name of Officer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Lungevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90981** 2. Name of Corporation **A.M.S. Development Corp.**

3. Street Address Principal Business Office **118 Jane Street** City **N. Prov.** State **RI** Zip **02904**
4. Business Phone No. **401-722-8699** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Michele Potts Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904	Vice President Name Michele Potts Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904
Secretary Name Michele Potts Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904	Treasurer Name Michele Potts Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Michele Potts Street Address 118 Dutchess Ave. City N. Prov. State RI Zip 02904	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 SHS NO PAR VALUE	600 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 0 9 8 1 *

File Date: **3/7/97**

Check No. **0431**

By: **JML**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Michele Potts **3-24-97**
Signature of Officer Date

Michele Potts
Print or Type Name of Officer

President
Title of Officer