


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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 684433 (6) 1. Corporation Name AMERICAN MUNICIPAL SECURITIES, INC.		
Principal Place of Business 100 2ND AVE SOUTH STE 902 ST PETERSBURG FL 33701 US	Mailing Address P O BOX 11749 ST PETERSBURG FL 33733 US	



DO NOT WRITE IN THIS SPACE

21. Suite, Apt. #, etc.		26. Mailing Address Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/18/1980	
22. City & State		27. City & State		4. FEI Number 59-2023127	
23. Zip		28. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PETAGNA, JOHN COOPER, JR. 615-16TH AVENUE, N.E. ST. PETERSBURG FL 33704				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	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PETAGNA, JOHN COOPER JR	1.2 NAME	
STREET ADDRESS	615 16TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	
NAME	DONOHUE, MARK K.	2.2 NAME	
STREET ADDRESS	2819 W. TERRACE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	STEUART, JEANNE W	3.2 NAME	
STREET ADDRESS	500 SIDEVIEW CT	3.3 STREET ADDRESS	606 16th AVENUE NE
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	St Petersburg FL 33704
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE W. STEUART

Date

3/17/98

Daytime Phone #

0409150

CR2E034 (10/97)