

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED  
Aug 26 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001687 (0)**  
 1. Corporation Name  
**AUTOMATED REVENUE MANAGEMENT, INC.**



Principal Place of Business <b>809 PHILLIPS AVE TOLEDO OH 43612-1336</b>	Mailing Address <b>809 PHILLIPS AVE TOLEDO OH 43612-1336</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>ABOVE</b>		2a. Mailing Address 26 <b>ABOVE</b>		3. Date Incorporated or Qualified <b>03/29/1996</b>	3a. Date of Last Report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>34-1808306</b>	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country		30 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, MICHAEL S</b>	1.2 NAME	
STREET ADDRESS	<b>909 PHILLIPS AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43612-1336</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, TERRENCE J</b>	2.2 NAME	
STREET ADDRESS	<b>909 PHILLIPS AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43612-1336</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, PATRICK J</b>	3.2 NAME	
STREET ADDRESS	<b>909 PHILLIPS AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43612-1336</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Ronald Johnson* ASST. SECY **RONALD JOHNSON 7/27/97 419-496-1934**

CF2E034 (4/97)