

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

**FILED**  
**Mar 09 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 # G32654 (7)**  
 1. Corporation Name  
**FMS/FLORIDA MANAGEMENT SERVICES, INC.**



Principal Place of Business: 15500 N EVERGREEN RD 5A, P O BOX 17254, CLEARWATER FL 34622  
 Mailing Address: P.O. BOX 17254, CLEARWATER FL 34622-0254, US

**33762-0254**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1983**

4. FEI Number: **59-2292443**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

g. Name and Address of Current Registered Agent  
**CONTAKOS, NICHOLAS J.**  
**15500 N. EVERGREEN RD. 5A/ BOX 17254**  
**CLEARWATER FL 34622**  
**33762-0254**

10. Name and Address of New Registered Agent (81-85)

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

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CONTAKOS, NICHOLAS J	
STREET ADDRESS	15500 N EVERGREEN RD 5A	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, FREDERICK J.	
STREET ADDRESS	15500 N EVERGREEN RD 5A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	<del>BSV -</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WRIGHT, J SYLVIA</del>	
STREET ADDRESS	15500 N EVERGREE RD 5A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES N. CONTAKOS	
STREET ADDRESS	15500 N. EVERGREEN RD. 5A BOX 17254	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 recorder 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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/97)