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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90202 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G32654**

1. Corporation Name
FMS/FLORIDA MANAGEMENT SERVICES, INC.



Principal Place of Business
 15500 N EVERGREEN RD 5A
 P O BOX 17254
 CLEARWATER FL 33762-0254
 US

Mailing Address
 P.O. BOX 17254
 CLEARWATER FL 33762-0254
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1983

4. FEI Number **59-2232443** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **Below**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **None**
 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTAKOS, NICHOLAS J.
 15500 N. EVERGREEN RD. 5A/ BOX 17254
 CLEARWATER FL 33762

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]*

[Signature]

Signature, typed or printed name of registered agent; no title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DPT
 NAME CONTAKOS, NICHOLAS J
 STREET ADDRESS 15500 N EVERGREEN RD 5A / Box: 17254
 CITY-ST-ZIP CLEARWATER, FL 00000

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D
 NAME LEWIS, FREDERICK J.
 STREET ADDRESS 15500 N EVERGREEN RD 5A
 CITY-ST-ZIP CLEARWATER FL

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D
 NAME JAMES N. CONTAKOS
 STREET ADDRESS 15500 N. EVERGREEN RD. 5A BOX 17254
 CITY-ST-ZIP CLEARWATER FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

[Signature]

727-513-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)