

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 19 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 # **G68954** (8)
 1. Corporation Name
CHAMCO, INC.



Principal Place of Business Mailing Address
798 CLEARLAKE ROAD COCOA FL 32922 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
11/10/1983

4. FEI Number
59-2350042 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BRADFORD, CARTER A.
 90 EAST LIVINGSTON STREET
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, JIM	1.2 NAME	D
STREET ADDRESS	3520 BOCAGE DR 711	1.3 STREET ADDRESS	Leonard Jacobs
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	407 Courtlea Creek Dr.
TITLE	STD	2.1 TITLE	Winter Garen, FL 34737 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, JUDY	2.2 NAME	
STREET ADDRESS	3520 BOCAGE DR 711	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINS, MARVIN	3.2 NAME	Jimmie M. Cummins
STREET ADDRESS	8080 CHRISTY DR	3.3 STREET ADDRESS	4006 McKay Ave.
CITY-ST-ZIP	FRISCO TX	3.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMIS, FRANCES	4.2 NAME	
STREET ADDRESS	8080 CHRISTY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRISCO TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, LEONARD	5.2 NAME	700002623807
STREET ADDRESS	6041 SAND PINES EST BLVD	5.3 STREET ADDRESS	-08/24/98--01123--047
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	***150.00
TITLE		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	

7-2-98 407-639-3314

PC 8-19

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: _____

CR2E034 (5/98)



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American Made Medical Products

July 2, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: CHAMCO, Inc.
FEI #59-2350042

To Whom It May Concern:

Enclosed is check #6614 in the amount of \$150.00 for our 1998 Profit Corporation Annual Report. Please note that no late charge is included, as we did not receive the first notification on this form.

Sincerely,

Ashley Giffen

Ashley Giffen
Office Manager

/ag

Enclosure