

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

FILED

**May 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000068805 (8)

ACMG OF FLORIDA, INC.



Principal Place of Business
4250 LAKESIDE DR
SUITE 210
JACKSONVILLE FL 32210
US

Mailing Address
4250 LAKESIDE DR
SUITE 210
JACKSONVILLE FL 32210-3369
US

3. Date Incorporated or Qualified 09/15/1994
3a. Date of Last Report 04/02/1996
4. FEI Number 59-3284893
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 2570 TECHNICAL DR.
27 Suite, Apt. #, etc.
28 MIAMISBURG OHIO
29 Zip 45342
30 Country U.S.

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name CRAIG STEFFEN
82 Street Address (P.O. Box Number is Not Acceptable) 13520 PRINCESS KELLY DR
83
84 City JACKSONVILLE FL 85 Zip Code 32225

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 *Craig E. Steffen* CRAIG E. STEFFEN April 20, 1997
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCVAY, PAUL W	
STREET ADDRESS	2750 TECHNICAL DRIVE	
CITY-ST-ZIP	MIAMISBURG OH 45342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, CHARLES	
STREET ADDRESS	2750 TECHNICAL DRIVE	
CITY-ST-ZIP	MIAMISBURG OH 45342	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, LANCE	
STREET ADDRESS	2750 TECHNICAL DRIVE	
CITY-ST-ZIP	MIAMISBURG OH 45342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EADS, PEGGY	
STREET ADDRESS	2750 TECHNICAL DRIVE	
CITY-ST-ZIP	MIAMISBURG OH 45342	
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 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: *Charles P. Duncan* CHARLES P. DUNCAN April 20, 1997 937-866-6660
NOTE: Registered Agent signature required when reinstating

C 02E034 (9/96)