

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 29 1996 8:00 am**  
Secretary of State

DOCUMENT # **P95000062800 (4)**  
1. Corporation Name  
**ADVANCED SYSTEMS MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**610 JULIA ST  
JACKSONVILLE FL 32202**

Mailing Address  
**610 JULIA ST  
JACKSONVILLE FL 32202**

2. Principal Place of Business  
**21 1000 Riverside Avenue**  
Suite, Apt. #, etc.  
**22 301**  
City & State  
**23 Jacksonville, FL.**  
Zip  
**24 32204**

2a. Mailing Address  
**same**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29** Country  
**30**

3. Date Incorporated or Qualified  
**08/08/1995**

3a. Date of Last Report  
Applied For  
Not Applicable

4. FEI Number  
**59-3328606**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**CHAMBERLAIN, STEVEN M  
1 SE 1ST AVE  
GAINESVILLE FL 32601**

81 Name **same**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Print or print the name of reg. agent and the name of the corporation) (Print, Reg. Agent A and signature required when filed by Reg.)

12. OFFICERS AND DIRECTORS

TITLE	V. President-Marketing	<input checked="" type="checkbox"/> DELETE
NAME	David Muyres	
STREET ADDRESS	610 Julia St.	
CITY-ST-ZIP	Jacksonville, FL. 32202	
TITLE	V. President-Reimb.	<input checked="" type="checkbox"/> DELETE
NAME	Bill Englebrecht	
STREET ADDRESS	610 Julia St.	
CITY-ST-ZIP	Jacksonville, FL. 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alan Anderson	
13 STREET ADDRESS	1000 Riverside Avenue, Suite 301	
14 CITY-ST-ZIP	Jacksonville, FL. 32204	
21 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Glenn Crawford	
23 STREET ADDRESS	1000 Riverside Avenue, Suite 301	
24 CITY-ST-ZIP	Jacksonville, FL. 32204	
31 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ron Hudson	
33 STREET ADDRESS	1000 Riverside Avenue, Suite 301	
34 CITY-ST-ZIP	Jacksonville, FL. 32204	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Ron Hudson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 (904) 355-2385  
Date of Filing Date of Phone

CR2E034 (12/95)