

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S56251** (9)

1. Corporation Name

AMERI-PLUS MANAGEMENT SERVICES, INC.



Principal Place of Business

2536 COUNTRYSIDE BLVD
CLEARWATER FL 34623

Mailing Address

2536 COUNTRYSIDE BLVD
CLEARWATER FL 34623

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**DOUDNA, HEATHER L
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 34623**

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

03/30/1995

4. FEI Number

59-3084560

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 has liability for intangible tax under s. 193.032 Florida Statutes

Yes

No

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 officer 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PST** DELETE
NAME: **BOESCH, GARY R.**
STREET ADDRESS: **2536 COUNTRYSIDE BLVD**
CITY-STATE-ZIP: **CLEARWATER FL**

2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **P/D/S/T** Change Addition
2. NAME: **Boesch, Gary R**
3. STREET ADDRESS: **2536 Countryside Blvd**
4. CITY-STATE-ZIP: **Clearwater, FL 34623**

2. TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

3. TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

4. TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:

5. TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

6. TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE:

Gary R. Boesch

Gary R. Boesch, Pres

2/6/96

(813) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)