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

DOCUMENT # **F93000004189 (7)**

1. Corporation Name

ADVANCED MANAGEMENT SERVICES, INC.

Principal Place of Business

3030 N CENTRAL AVE.
SUITE 710
PHOENIX AZ 85012

Mailing Address

3030 N CENTRAL AVE.
SUITE 710
PHOENIX AZ 85012

3. Date Incorporated or Qualified: **09/13/1993**

3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **86-0687725** 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OWEN, CHARLIE
4328 EDGEWATER DR. #B202
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: NRAI Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Ave.
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0505 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: Tina C. Leland
Signature, typed or printed name of registered agent and title if applicable

Tina C. Leland, Assistant Secretary May 28, 1996
(NOTE: Registered Agent must sign above and below for filing)
DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	RUSHTON, ENNIS	
STREET ADDRESS	3030 N. CENTRAL AVE., STE. 710	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	DVPT	☐ DELETE
NAME	KUTTER, ERICA D	
STREET ADDRESS	3030 N CENTERAL AVE., STE 710	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	DVP	☐ DELETE
NAME	Dale Christensen	
STREET ADDRESS	3030 N. Central Ave., Ste 710	
CITY-ST-ZIP	Phoenix, AZ 85012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900001858589
-06/11/96--01140--036
***200.00

5/1/96

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. Further, I 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: Dale Christensen — Dale Christensen — 4/25/96 — 602-248-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)