

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

FILED

May 02 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 # F93000001111 (4)

1. Corporation Name

NATIONAL UTILIZATION MANAGEMENT CORP.

Principal Place of Business

**7301 N. 16TH ST.
SUITE 203
PHOENIX AZ 85020**

Mailing Address

**7301 N. 16TH ST.
SUITE 203
PHOENIX AZ 85020-5265**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 03/01/1993	3a. Date of Last Report 02/21/1996
4. FEI Number 86-0669071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGLE, GEORGE E	1.2 NAME
STREET ADDRESS	916 CAPITAL OF TEXAS HIGHWAY	1.3 STREET ADDRESS
CITY- ST- ZIP	AUSTIN TX 78748	1.4 CITY- ST- ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGLE, MICHAEL G	2.2 NAME
STREET ADDRESS	5074 DORSEY HALL DRIVE #205	2.3 STREET ADDRESS
CITY- ST- ZIP	ELLCOTT CITY MD 21042	2.4 CITY- ST- ZIP
TITLE	DD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, CONSTANCE C	3.2 NAME
STREET ADDRESS	7301 N 16TH STREET, SUITE 201	3.3 STREET ADDRESS
CITY- ST- ZIP	PHOENIX AZ 85020	3.4 CITY- ST- ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGLE, G. MICHAEL	4.2 NAME
STREET ADDRESS	5074 DORSEY HALL DR., #205	4.3 STREET ADDRESS
CITY- ST- ZIP	ELLCOTT CITY MD	4.4 CITY- ST- ZIP
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA, WENDY	5.2 NAME
STREET ADDRESS	7301 N. 16TH ST., SUITE 203	5.3 STREET ADDRESS
CITY- ST- ZIP	PHOENIX AZ 85020	5.4 CITY- ST- ZIP
TITLE	VPT <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULIN, JOSEPH	6.2 NAME
STREET ADDRESS	7301 16TH STREET, SUITE 201	6.3 STREET ADDRESS
CITY- ST- ZIP	PHOENIX AZ 85020	6.4 CITY- ST- ZIP

VP/CFO & Treasurer W. JOSEPH MARTIN 7301 N.. 16TH ST. #201 PHOENIX, AZ 85020
President CONSTANCE K. LAMBERT 7301 N. 16TH ST., #201 PHOENIX, AZ 85020

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: *Wendy Sara* **SIGNATURE REQUIRED** **WENDY SARA, SECRETARY 4-24-97 602-371-3860**

CR2E034 (9/96)