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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000001631 (0) ✓

1. Corporation Name

ADVISORS' MUTUAL SERVICE CENTER, INC.

Principal Place of Business

**250 AUSTRALIAN AVE S
STE 1800
WPB FL 33401
US**

Mailing Address

**PO BOX 24777
~~SUITE 300~~
WPB FL 33416-4777
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 **P.O. Box 24777**

27 Suite, Apt. #, etc.

28 City & State

29 **WPB FL** **30** **33416-4777** **31** **US**

3. Date Incorporated or Qualified

03/31/1994

4. FEI Number

38-2369128

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KAMINSKI, DENNIS S
250 AUSTRALIAN AVE. SOUTH
SUITE 1800
WEST PALM BEACH FL 33401**

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

11 **P** ☐ DELETE

NAME **DIXON, JOHN L**
STREET ADDRESS **11043 THYME**
CITY - ST - ZIP **PALM BEACH GARDENS FL**

12 **S** ☐ DELETE

NAME **KAMINSKI, DENNIS S**
STREET ADDRESS **13632 BRIGHTSTONE ST**
CITY - ST - ZIP **WELLINGTON FL**

13 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

15 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

16 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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APPROVED

APR 22 1998

JWP

14. I 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: