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May 08 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 # F96000005385 (7)

1. Corporation Name

ADVANCED MANAGEMENT CONSULTANT, INC.

Principal Place of Business

PO BOX 8408
PORT ST. LUCIE FL 34985

Mailing Address

PO BOX 8408
PORT ST. LUCIE FL 34985-8408



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/16/1996		10/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0693469		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NAVID, FARID 102 SE VILLAGE DR PORT ST LUCIE FL 34952				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 fee 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	NAME	NAVID, FARID	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	102 SE VILLAGE DR	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	PORT ST LUCIE FL 34952	2.1 TITLE		2.2 NAME	
				2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
TITLE	D	NAME	PISHGOU, BAHMAN	3.1 TITLE		3.2 NAME	
STREET ADDRESS		STREET ADDRESS	102 SE VILLAGE DR	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	PORT ST LUCIE FL 34952	4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		6.1 TITLE		6.2 NAME	
				6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

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

FARID NAVID

561 398-8569

CR2E034 (9/96)