

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

APPROVED AND FILED

95 APR 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G32654** (7)

1. Corporation Name
FMS/FLORIDA MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
**15500 N EVERGREEN RD 5A
P.O. BOX 17254
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2292443** 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONTAKOS, NICHOLAS J.
15500 N EVERGREEN RD 5A
CLEARWATER FL 34622**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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]* **RES/D N.J. Contakos** **4/17/95**
NOTE: Registered Agent signature required when reconstituting DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DPT**
NAME **CONTAKOS, NICHOLAS J**
STREET ADDRESS **15500 N EVERGREEN RD 5A**
CITY - ST - ZIP **CLEARWATER, FL 00000**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **LEWIS, FREDERICK J.**
STREET ADDRESS **15500 N EVERGREEN RD 5A**
CITY - ST - ZIP **CLEARWATER FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **DSV**
NAME **WRIGHT, J SYLVIA**
STREET ADDRESS **15500 N EVERGREE RD 5A**
CITY - ST - ZIP **CLEARWATER FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **D**
NAME **LEVINE, DONALD DDS**
STREET ADDRESS **15500 N EVERGREEN RD 5A**
CITY - ST - ZIP **CLEARWATER FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 110.07(3)(b), Florida Statutes. I further certify that the information reported 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 of this filing, or an amendment thereto with an addendum.

SIGNATURE: *[Signature]* **RES/D N.J. Contakos** **4/17/95** **575-2605**
DATE DAYTON PHONE #