

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G32654 (7)**

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



Principal Place of Business: **15500 N EVERGREEN RD 5A P O BOX 17254 CLEARWATER FL 34622**  
Mailing Address: **15500 N EVERGREEN RD 5A P O BOX 17254 CLEARWATER FL 34622 -- 0254**

3. Date Incorporated or Qualified: **04/11/1983**  
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: **59-2292443**  
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  
**CONTAKOS, NICHOLAS J.  
15500 N EVERGREEN RD 5A / Box 17254  
CLEARWATER FL 34622 -- 0254**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	CONTAKOS, NICHOLAS J
STREET ADDRESS	15500 N EVERGREEN RD 5A
CITY - ST - ZIP	CLEARWATER, FL 00000 34622
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, FREDERICK J.
STREET ADDRESS	15500 N EVERGREEN RD 5A
CITY - ST - ZIP	CLEARWATER FL
TITLE	DSV <input type="checkbox"/> DELETE
NAME	WRIGHT, J SYLVIA
STREET ADDRESS	15500 N EVERGREE RD 5A
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LEVINE, DONALD DDS
STREET ADDRESS	15500 N EVERGREEN RD 5A
CITY - ST - ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES N. CONTAKOS
1.3 STREET ADDRESS	15500 N. EVERGREEN RD / 5A Box 17254
1.4 CITY - ST - ZIP	CLEARWATER FL 34622-0254
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/10/96** DAYTIME PHONE #: **813-573-2605**

CR2E034 (12/95)