

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90202 028 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G32654

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



Principal Place of Business
15500 N EVERGREEN RD 5A
P O BOX 17254
CLEARWATER FL 33762-0254
US

Mailing Address
P.O. BOX 17254
CLEARWATER FL 33762-0254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1983

2. Principal Place of Business
21 BELLEVILLE
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address
26 MOBILE
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

4. FEI Number
59-2232443
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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CONTAKOS, NICHOLAS J.
15500 N. EVERGREEN RD. 5A/ BOX 17254
CLEARWATER FL 33762

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] (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DPT	CONTAKOS, NICHOLAS J	15500 N EVERGREEN RD 5A / Box: 17254	CLEARWATER, FL 00000	<input type="checkbox"/>
D	LEWIS, FREDERICK J.	15500 N EVERGREEN RD 5A	CLEARWATER FL	<input type="checkbox"/>
D	JAMES N. CONTAKOS	15500 N. EVERGREEN RD. 5A BOX 17254	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 4/26/99 Daytime Phone #: 727-513-2605

CR2E034 (1/98)