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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPAREMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # # 7

H71795

FILED Jul 14 1998 8:00am Secretary of State

AM-MED			.INC.				
Principal Place of Business Mailing Address							
	C e ntral Ave						
St Pe	et e FL 33710				DO NOT WOLTE	E IN THIS SPACE	
					3. Date Incorporated or Qualified	IN THIS SPACE	
					8/16/85		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	ΙΔ	Applied For
21		26			59-2604838		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¢0.75	Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	ite	City & State			6. Election Campaign Financing	\$5.00	D May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has pa	aid the cu <u>rre</u> nt year Ir	ntangible
24	25	29	30		Personal Property Tax due June		No
	9. Name and Address of Curre	ent Registered Agent		None	10. Name and Address of New Re	gistered Agent	
	M D	O	81	Name			
	nomas W. Brown, S	ST.	82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)	
	101 Central Ave		83				
St	t Pe te FL 33710		63				ļ
1			84	City		85 Zip	Code
44 Directors	to the provision of Continue 607.05	00 and 607 1509 Florida Onl	lutes the should	nomed see	poration submits this statement for the p	FL o =	ita sociole se el
office or	registered agent, or both, in the Stat	te of Florida. Such change wa	s authorized by	the corporat	tion's board of directors. I hereby accep	pt the appointment a	s registered
l according	am familiar with, and accept the obli-	viations of Section 607 NAS I	Florida Statutee				
agon. ra	an termia with and accept the com-	ganora or, accion bor.coo.	riorida ciatataa	·-			
SIGNATURE					red utver rainslation)	DATE	
} _	Signature, typed or printed name of registered a		OTI Registered Agor			DATE CERS AND DIRECTO	RS IN 12 6
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and tille if applicable (N	OTI Registered Agor		red when reinsleting) ADDITIONS/CHANGES TO OFFICE		PRS IN 12 (Addition Of
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14. I hereby certify that the information supplied with this filling 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 supplimiental annual eport is flue 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 for the received of frustee imported 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 alternative and with an earliess.

6-498 813-53-553



AmMed Inc.

July 6, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

AmMed, Inc.

Ref. Number: H71795

To Whom It May Concern:

Per our conversation of today, enclosed is the AmMed, Inc. Corporate Renewal for 1998.

Originally this submission was on the wrong type of form because we had not received the correct 1998 form from your office.

The original submission was enclosed with a group of forms from this holding company. This one was apparently misplaced. We are resubmitting this as per instructions from your office.

Very truly yours,

Sally W. Dolinski Sally W. Dolinski Accounting Manager