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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80142

(9)

**AGENCY MANAGEMENT CORPORATION** 

Principal Place of Business Mailing Address						81811 81011 01911 01911 01911	
1509 W. BROADWAY OVIEDO FL 32765 US		1509 W. BROADWAY OVIEDO FL 32765-6576 US			;		
					3. Date Incorporated or Qualified	3a. Date of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address			<b>06/29/1987</b> <b>4.</b> FEI Number	04/24/1996	plied For
21		26			59-2823556	<del> </del> -	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60 75		
22		27			5. Certificate of Status Desired	\$8.75 Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		··	Trust Fund Contribution Added to Fees		
Zip	Country	F-1 ' ⊢¬	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 29 30  9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
JOHNSON, CHARLES F. II							
1509 W. BROADWAY			<b>82</b> Stre	not A delse	tdress (P.O. Box Number is Not Acceptable)		
OVIEDO FL 32765			02 Str	eet Addre	ss (r.O box number is not acceptab	(e)	
V11.	.50 12 02/00		83				
			84 Crt			85 Zip	Code
				,		FL 3	5500
office or re	to the provisions of Sections 607 0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	rized by the i	ned corpo corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of changing it t the appointment as	s registered registered
SIGNATURE							
	Signature, typed or printed name of registered agent			ature required	il when /cinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD COUNCON CHARLES E II		1 1 111LE			L Change	Addition
NAME CERTEX ARROSEOS	JOHNSON, CHARLES F., II 622 STALLION CT.		12 NAME				
STREET ADDRESS	WINTER SPRINGS FL	<b>S</b>	1.3 STREET ADDRE 1.4 CITY-ST-ZIP	55			
CITY-ST-ZIP	STD		2.1 HILE			Change	Addition
NAME	JOHNSON, CHARLOTTE B.	<del></del>	2.2 NAME				_
STREET ADDRESS	622 STALLION CT.		2.3 STREET ADORE	ss			
CITY-ST-ZIP	WINTER SPRINGS FL		2 4 C(1Y - S1 - ZIF				}
TITLE	D	DITTE :	3 1 7 O L E	1		Change	Addition
NAME	FORD, REBECCA			1			}
STREET ADDRESS	1136 DUNCAU DR.		3.3 STREET ADDRE	SS			
CITY-ST-ZIP	WINTER SPRINGS FL		3 4. CITY-ST-ZIP			T A	T AMARCA
TITLE	D D D D D D D D D D D D D D D D D D D		4 1 ] TLF	İ		☐ Change	Addition
NAME OFFICE ADDRESS	JOHNSON, C. F. III		4. 2 NAME				
STREET ADDRESS	922 83RD STREET, NW BRADENTON FL		4.3 STREET ADDRE	:55			
CITY-ST-ZIP TITLE	OTROCITION FL		4.4 CITY - ST - ZIP 5.1 TITLE	_		Change	Addition
NAME		1	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE	ss			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				İ
TITLE			6.1 TITLE			☐ Change	Addition
NAME		<b>.</b>	6 2 NAME				
STREET ADDRESS		ţ	6.9 STREET ADDRE	.ss			i

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