

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J80142** (9)  
1. Corporation Name  
**AGENCY MANAGEMENT CORPORATION**

Principal Place of Business <b>1509 W. BROADWAY OVIEDO FL 32765 US</b>	Mailing Address <b>1509 W. BROADWAY OVIEDO FL 32765 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 City & State 23 Zip 24	2a. Mailing Address 26 City & State 27 Zip 28 Country 29
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3. Date Incorporated or Qualified <b>06/29/1987</b>	4. FEI Number <b>59-2823556</b>	Applied For Not Applicable
5. Corporate or State Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>JOHNSON, CHARLES F. II 1509 W. BROADWAY OVIEDO FL 32765</b>	
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10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CHARLES F. II</b>	1.2 NAME	
STREET ADDRESS	<b>622 STALLION CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CHARLOTTE B.</b>	2.2 NAME	
STREET ADDRESS	<b>622 STALLION CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, REBECCA</b>	3.2 NAME	
STREET ADDRESS	<b>1136 DUNCAU DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, C. F. III</b>	4.2 NAME	
STREET ADDRESS	<b>922 83RD STREET, NW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

CR2E034 (10/97)