

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K11508**

1. Corporation Name

A & M CONSULTING, INC.

Principal Place of Business

C/O HOWARD L. KUKER
6834 HAYTER DR
LAKELAND FL 33813-3582

Mailing Address

C/O HOWARD L. KUKER
6834 HAYTER DR
LAKELAND FL 33813-3582



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Zip

26

Mailing Address

27

Suite, Apt. #, etc.

28

City & State

29

Country

30

City

9. Name and Address of Current Registered Agent

**KUKER, HOWARD L.
9200 S. DADELAND BLVD
SUITE 508
MIAMI FL 33156**

3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last Report 01/19/1995
4. FEI Number 65-0021466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 typed or printed name of registered agent and title if applicable)

(Title) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		1.4 CITY-ST-ZIP	
NAME	TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		2.4 CITY-ST-ZIP	
NAME	TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		3.4 CITY-ST-ZIP	
NAME	TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		4.4 CITY-ST-ZIP	
NAME	TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		5.4 CITY-ST-ZIP	
NAME	TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Mildred B. Jarvis* Mildred B. Jarvis, Pres., 1/20/96 (941) 646-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)