

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L12515

Corporation Name
AUTOMATED MESSAGE CENTER, INC.



Principal Place of Business: 234 NW 1 ST, PEMBROKE PINES FL 33025
 Mailing Address: 16234 NW 1 ST, PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
234 NW 1 ST		16234 NW 1 ST		08/28/1989	
PEMBROKE PINES FL 33025		PEMBROKE PINES FL 33025		4. FEI Number	Applied For
				65-0222329	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.	
25		29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURNS, KEVIN T.
 16234 NW 1ST STREET
 PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	P BURNS, KEVIN T. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	16234 NW 1ST STREET	1.2 NAME	
REET ADDRESS	PEMBROKE PINES FL 33028	1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	VP BURNS, LISA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	16234 NW 1ST STREET	2.2 NAME	
REET ADDRESS	PEMBROKE PINES FL 33028	2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ SIGNATURE REQUIRED
 Date: 7/6/99 Daytime Phone #: 954 437 5726

CR2E034 (5/99)

L12515
587059-90007-37

Automated Message Center, Inc.
16234 N.W. 1st Street
Pembroke Pines, Fl 33028

July 5, 1999

Divisions of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: 1999 Profit Corporation Annual Report

To whom it may concern;

I just received the 1999 Profit Corporation Annual Report on July 3, 1999, with the 2nd notice stamped on it. I never received the first notice that went out. Enclosed is a check for the \$150.00 fee plus the \$8.75 for the certificate. Please accept this fee for I would have sent it in on time had I received the first notice.

Thank you,



Lisa Burns
Automated Message Center, Inc.
EI# 65-0222329