

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L28098** (6)
1. Corporation Name
ACCOUNTING MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business
**P.O. BOX 25011
TAMPA FL 33622**

Mailing Address
**P.O. BOX 25011
TAMPA FL 33622**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 E. Bullard Pkwy Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/03/1989	
22 City & State 23 TAMPA, FL.		27 City & State		4. FEI Number 59-2968425 Applied For <input type="checkbox"/> Not Applicable	
24 33617 Zip		25 Hillsborough Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 33617 Zip		27 FL Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33617 Zip		29 FL Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAMOS, JOSE S 7402 N 58TH ST STE 908 TAMPA FL 33617		10. Name and Address of New Registered Agent 81 Name Jose S. Ramos 82 Street Address (P.O. Box Number is Not Acceptable) 83 222 E. Bullard Parkway 84 City Tampa FL 85 Zip Code 33617	
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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 *Jose S. Ramos* DATE **4/7/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	RAMOS, JOSE S.	1.2 NAME	Jose S. Ramos
STREET ADDRESS	7402 N. 58TH ST. #908	1.3 STREET ADDRESS	222 E. Bullard Pkwy.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL. 33617
TITLE		2.1 TITLE	Vice President / Secretary
NAME		2.2 NAME	MINEVIA E. RAMOS
STREET ADDRESS		2.3 STREET ADDRESS	222 E. Bullard Pkwy
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL. 33617
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Jose S. Ramos* DATE **4/8/98** (CA) **9853121**
Signature and typed or printed name of signing officer or director Date Daytime Phone # (CA) 9853121

CR2E034 (10/97)