

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M46426** (6)

1. Corporate Name

ADMINISTRATIVE MANAGEMENT SERVICES, INC.

Principal Executive Officer
**9704 PINES BOULEVARD
PEMBROKE PINES FL 33025
US**

Mailing Address
**9704 PINES BOULEVARD
PEMBROKE PINES FL 33025
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **02/11/1987**
3a. Date of Last Report: **08/02/1994**

2. Principal Executive Officer

2a. Mailing Address

21

26

4. FIC Number

Applied For

59-2790565

Not Applicable

22. State, District or

State, Dist. # etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. The corporation may, liability for damages for under its Florida Statute: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLBRIGHT, ANITA
9704 PINES BOULEVARD
PEMBROKE PINES FL 33025**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. The signatory, the president of Sections 607.024(1) 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. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby waiving and releasing the obligations of Section 607.0502, Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY
STATE
ZIP
NAME
STREET ADDRESS
CITY
STATE
ZIP
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY
STATE
ZIP

**P
ALLBRIGHT, ANITA L
9704 PINES BOULEVARD
PEMBROKE PINES FL**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
2 STREET ADDRESS
3 CITY
4 STATE
5 ZIP
6 NAME
7 STREET ADDRESS
8 CITY
9 STATE
10 ZIP
11 NAME
12 STREET ADDRESS
13 CITY
14 STATE
15 ZIP
16 NAME
17 STREET ADDRESS
18 CITY
19 STATE
20 ZIP

Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I, the signatory, certify that the information supplied with this filing was voluntarily furnished and checked and qualify for the exemptions stated in Sections 607.024(1) and 607.1508, Florida Statutes. I further certify that the information included in 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 Sections 607.024(1) and 607.1508, Florida Statutes, and that my name appears on the books of the corporation or on an affidavit with an affidavit.

SIGNATURE:

Anita Allbright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 407
521-7412