

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41037 (3)

1. Corporation Name
ACQUISITION MANAGEMENT CORP.

Principal Place of Business 1377 CLINT MOORE ROAD BOCA RATON FL 33487	Mailing Address 1377 CLINT MOORE ROAD BOCA RATON FL 33487
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2. Principal Place of Business 21 1301 W. Newport Center Dr.	2a. Mailing Address 26 1301 W. Newport Center Dr.
22 City & State 23 Deerfield Beach, FL	27 City & State 28 Deerfield Beach, FL
24 33442	29 33442

APPROVED AND FILED

MAY - 1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Report 06/21/1994
4. FEI Number 38-2331309	Applied For <input type="checkbox"/> 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 § 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCKNIGHT, N. PHILIP
1377 CLINT MOORE RD.
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

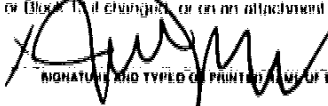
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1301 WEST NEWPORT CENTER DRIVE
83	
84 City	Deerfield Beach FL
85 Zip Code	33442

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 of Agent or (printed name of the current agent and title if applicable) (607) (Signature of Agent (signature required after verification) (607))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE COD	NAME VAN ARNEM, HAROLD L	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1377 CLINT MOORE RD	CITY, ST, ZIP BOCA RATON FL	12 NAME	
		13 STREET ADDRESS 1301 W. Newport Center Dr.	
		14 CITY, ST, ZIP Deerfield Beach, FL 33442	
TITLE PD	NAME MCKNIGHT, N. PHILIP	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1377 CLINT MOORE RD	CITY, ST, ZIP BOCA RATON FL	22 NAME	
		23 STREET ADDRESS 1301 W. Newport Center Dr.	
		24 CITY, ST, ZIP Deerfield Beach, FL 33442	
TITLE ST	NAME ALLEN, BETTY E.	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1377 CLINT MOORE ROAD	CITY, ST, ZIP BOCA RATON FL	32 NAME	
		33 STREET ADDRESS 1301 W. Newport Center Dr.	
		34 CITY, ST, ZIP Deerfield Beach, FL 33442	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 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 110.07(3)(g), 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 of Agent or (printed name of the signing officer or director) (607) (Signature of Agent (signature required after verification) (607))