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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010917 (2)

AMERICAN MANAGEMENT GROUP, INC.

Country

Principal	Place	of	Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite. Apt. #. etc.

26

27

28

208 W ALAMO DR LAKELAND FL 33819

Suite, Apt. #. etc.

SIGNATURE:

City & State

21

22

PO BOX 5400 **LAKELAND FL 33807-5400**

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

647-5554

Not Applicable

3. Date Incorporated or Qualified

12/09/1992

59-3162929

5, Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zip	Cou	ntry	e i i i i i i i i i i i i i i i i i i i					gnt year Intangible		
24	25	29	30					X Yes		No		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name												
ELLSWORTH, W W JR					Name							
208 W ALAMO DR				82	Street Ad							
LAKELAND FL 33813-1503												
				83								
				84	City	85 Zip Co			:ode			
							Fl	_ 00				
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 ag-	erit and title if applicable (NO		d Age	nt aignature rec	quired when reinstating)	DATE	D DIDE	OTOR			
12.	P/D	DELETE	13. 1.1 TI	TIE		ADDITIONS/CH	ANGES TO OFFICERS AN	CI CI		Addition		
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NAME	ELLSWORTH, WM. W., JR.		22 N									
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CITY-ST-ZIP	LAKELAND FL 33813-1503				7 - ZIP					ľ		
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NAME			6.2 N	AME								
STREET ADDRESS			6.3 S	TREET	address							
CITY-ST-ZIP				TY-S			5	402				
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 the receiver of the corporation of the receiver of												

Country