

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P93000002338 (0)

1. Corporation Name

APPLIED MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business

704 WILLOW CREST STREET  
ORANGE CITY FL 32763

Mailing Address

704 WILLOW CREST STREET  
ORANGE CITY FL 32763-7524



3. Date Incorporated or Qualified

01/04/1993

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3156480

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 366 E. GRAVES AVENUE

2a. Mailing Address

26 366 E. GRAVES AVENUE

Suite, Apt. #, etc.

22 SUITE C

Suite, Apt. #, etc.

27 SUITE C

City & State

23 ORANGE CITY, FL

City & State

28 ORANGE CITY, FL

Zip

24 32763

Country

25 US

Zip

29 32763

Country

30 US

9. Name and Address of Current Registered Agent

WELLER, BRUCE M  
704 WILLOW CREST STREET  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
WELLER, BRUCE M.  
704 WILLOW CREST ST.  
ORANGE CITY FL

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WELLER, NOREEN S.  
704 WILLOW CREST ST  
ORANGE CITY FL

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: *Noreen S. Weller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

904-774-9355

Daytime Phone #

CR2E034 (9/96)