## 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 # PO3000044239 (0)

1. Corporation	AM INVESTMENT CONS	ULTING (FLORIDA), INC	•				
Principal Place of Business Mailing Address						- I HOURDER HEE HOLD HAND ONLY DOLLY DOLLY GOVER WHILE AND HAND THIS THIS	
8921 WEST ATLANTIC BLVD SUITE S CORAL SPRINGS FL 33071 US		8921 WEST ATLANTI SUITE S CORAL SPRINGS FL US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/18/1993	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied f	or	
21		26			65-0417679 Not Appli	cable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Addition	
22		27			<del></del>	Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May B		
Zip	Country	28 Zip		ountry	<del></del>	Trust Fund Contribution Added to Fees	
24	25	29	30	Juli iu y		8. This corporation owes or has paid the current year Intardible Personal Property Tax due June 30. Yes You	)
	g. Name and Address of Cui		190	$T^-$		10. Name and Address of New Registered Agent	
BEYER, DAVID A C/O RUDNICK & WOLFE 101 E. KENNEDY BLVD. SUITE 2000 TAMPA FL 33602-5133				81 82 83	Street Address (P.O. Box Number is Not Acceptable)		-
				84	City	FL 85 Zip Code	
11. Pursuant to office or reagent. Lar SIGNATURE	to the provisions of Sections 607, agistered agent, or both, in the Si in familiar with, and accept the ob-	0502 and 607.1508, Florida Stat tate of Florida. Such change wa oligations of, Section 607.0505,	tutes, the i is authorize Florida Sta	above ed by atutes	e-named cor the corpora s.	poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as registed	tered ired
	Signature, typed or printed name of registered				nt signature requ	uired when reinstating) DATE	
12.		AND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2 ddition
TITLE	OP	☐ DELENE		TITLE		L Change L A	Ballion
NAME	RUSCA, FAUSTO C SS VIA G.B. PIODA 14			1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	6901 LUGANO SWITZER	H AND					
CITY-SI-ZIP TITLE	VPT	DELETE		CITY - S'	1-21	☐ Change ☐ A	ddition
NAME	TOMBARI, MICHAEL G.	JELETE		2.2 NAME			
STREET ADDRESS	ADDRESS 11811 NORTH FREEWAY SUITE 300			2.3 STREET ADDRESS			
CITY-ST-ZIP				2 4 CITY-ST-ZIP			
TITLE	VP DELETE			3.1 TOTLE		Change A	ddition
NAME	ME HATFIELD, KENNETH L.		3.2	3.2 NAME			
STREET ADDRESS 11811 NORTH FREEWAY SUITE 300			3.3	3.3 STREET ADDRESS			
CITY - ST - ZIP	HOUSTON TX			CITY-S	ľ		
TETLE	S DELETE		4.1	4.1 TITLE		☐ Change ☐ A	ddition
NAME	BAKER, RICHARD A		4.2	NAME			

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 Statues. 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

40 WIMBLEDON

**PLANTATION FL** 

My MICHAEL MICHAEL

DELETE

DELETE

MICHAEL G. TOMBARI

04-01-98

281-820-0747

☐ Change

Change

Addition

Addition

**FILED**