

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000081164 (4)
 1. Corporation Name
AMS ENGINEERING AND ENVIRONMENTAL, INC.



Principal Place of Business 204 E MCKENZIE STREET SUITE F PUNTA GORDA FL 33950	Mailing Address 204 E MCKENZIE STREET SUITE F PUNTA GORDA FL 33950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1205 Elizabeth Street Suite, Apt. #, etc. 22 Suite I City & State 23 Punta Gorda, FL Zip 24 33950	2a. Mailing Address 26 1205 Elizabeth Street Suite, Apt. #, etc. 27 Suite I City & State 28 Punta Gorda, FL Zip 29 33950	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 11/24/1993	4. FEI Number 65-0451827	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MORRIS, NIGEL E
9175 STRASSE BOULEVARD
PUNTA GORDA FL 33980

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 33992

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ALLHANDS, MARCUS N	1.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	205 N 2ND AT LEWISVILLE IN	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPT PROCHASKA, JAMES F	2.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	2000 HUNTINGTON DR COLLEGE STATION TX 77845	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P MORRIS, NIGEL E	3.1 TITLE	<input type="checkbox"/> DELETE
NAME	9175 STRASSE BOULEVARD	3.2 NAME	
STREET ADDRESS	PUNTA GORDA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST RICE, MARYJUINE W	4.1 TITLE	<input type="checkbox"/> DELETE
NAME	2150 W MARION AVENUE	4.2 NAME	RICE, MARYSUNE W
STREET ADDRESS	PUNTA GORDA FL 33950	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> DELETE
NAME		5.2 NAME	V SELLERS, R. QUINCE
STREET ADDRESS		5.3 STREET ADDRESS	5327 BARKLOW TERRACE,
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORTH PORT FL 34287
TITLE		6.1 TITLE	<input type="checkbox"/> DELETE
NAME		6.2 NAME	V GRIMM, JOHN M
STREET ADDRESS		6.3 STREET ADDRESS	1186-B RIO DE JANEIRO AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PUNTA GORDA FL. 33983

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 an attachment with an address.

SIGNATURE: Nigel Morris **N.E. MORRIS, PRESIDENT 1/20/98 944 575 2500**

CR2E034 (10/97)