

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 SEP -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034680 (6)

1. Corporation Name
AMSC MIDWEST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 234 N WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714		Mailing Address 6100 S. YALE SUITE 1900 TULSA OK 74136 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3264553	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIMM, WILLIAM A 201 E PINE STREET SUITE 500 ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	LEWIS, WENDY R	1.2 NAME	Philip D, Kurtz
STREET ADDRESS	234 N WESTMONTE DRIVE	1.3 STREET ADDRESS	6100 S. Yale
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	Tulsa, OK 74136
TITLE	D	2.1 TITLE	Asst. Sec.
NAME	RAY, RANDALL	2.2 NAME	Thomas G. Nouilles
STREET ADDRESS	234 N WESTMONTE DRIVE	2.3 STREET ADDRESS	6100 S. Yale
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Tulsa, OK 74136
TITLE	DO	3.1 TITLE	T
NAME	WATTS, KELLIE J.	3.2 NAME	Rebecca L. Speight
STREET ADDRESS	6100 S. YALE, SUITE 1900	3.3 STREET ADDRESS	6100 S. Yale
CITY-ST-ZIP	TULSA OK	3.4 CITY-ST-ZIP	Tulsa, OK 74136
TITLE	S	4.1 TITLE	S
NAME	HOULLES, THOMAS G.	4.2 NAME	E. Michael Ingram
STREET ADDRESS	6100 S YALE SMITE 1900	4.3 STREET ADDRESS	1564 NE Expressway
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	Atlanta, GA 30329
TITLE	TD	5.1 TITLE	
NAME	EVANS, RICHARD A.	5.2 NAME	
STREET ADDRESS	6100 S. YALE SMITE 1900	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: E. Michael Ingram Secretary 9/2/97
404728-2239

CP2E034 (4/97)