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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000034680 (6)

1. Corporation Name
AMSC MIDWEST, INC.

Principal Place of Business
234 N WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address
234 N WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1564 NE Expressway
22 City & State	27 Legal Dept
23 Zip	28 Atlanta GA
24 Country	29
25	30

3. Date Incorporated or Qualified
05/09/1994
4. FEI Number
59-3264553
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 owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	KURTZ, PHILIP D	1.2 NAME	Philip D. Kurtz
STREET ADDRESS	6100 S. YALE	1.3 STREET ADDRESS	1564 NE Expressway
CITY-ST-ZIP	TULSA OK 74136	1.4 CITY-ST-ZIP	Atlanta GA 30329
TITLE	AS	2.1 TITLE	T
NAME	NOULLES, THOMAS G	2.2 NAME	Robert L. Walker
STREET ADDRESS	6100 S. YALE	2.3 STREET ADDRESS	1564 NE Expressway
CITY-ST-ZIP	TULSA OK 74136	2.4 CITY-ST-ZIP	Atlanta GA 30329
TITLE	SPEIGHT, REBECCA L	3.1 TITLE	
NAME	6100 S. YALE	3.2 NAME	
STREET ADDRESS	TULSA OK 74136	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	INGRAM, E. MICHAEL	4.2 NAME	
STREET ADDRESS	1564 N.E. EXPRESSWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30329	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____ Secretary 22-Apr-98 404/728-2239

CR2E034 (10/97)