

**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.)**

APPROVED
AND
FILED

97 SEP -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000068034 (5)
1. Corporation Name
AMSC, INC.

Principal Place of Business 6100 S. YALE, SUITE 1900 TULSA OK 74136	Mailing Address 6100 S. YALE, SUITE 1900 TULSA OK 74136
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 234 N. Westmonte Dr.	2a. Mailing Address 26 234 N. Westmonte Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Altamonte Springs, FL	28 City & State Altamonte Springs, FL
24 Zip 32714	29 Zip 32714
25 Country	30 Country

3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 73-1469205	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

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 100002285471--4
	83 --09/05/97--01047--011
	84 City FL
	85 Zip Code 75

10. Name and Address of New Registered Agent

81 Name GM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
82 Street Address (P.O. Box Number is Not Acceptable) John Indrigo 234 N. Westmonte Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
83 S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
84 City E. Michael Ingram 1564 NE Expressway Atlanta, GA 30329	<input type="checkbox"/> Change <input type="checkbox"/> Addition
85 Zip Code T Rebecca L. Speight 6100 S. Yale #1900 Tulsa, OK 74136	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

TITLE DCEO	<input type="checkbox"/> DELETE
NAME KURTZ, PHILIP O	
STREET ADDRESS 6100 S YALE, SUITE 1900	
CITY-ST-ZIP TULSA OK	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HERSMA, JAMES L	
STREET ADDRESS 6100 S. YALE, SUITE 1900	
CITY-ST-ZIP TULSA OK	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME EVANS, RICHARD A	
STREET ADDRESS 6100 S YALE, SUITE 1900	
CITY-ST-ZIP TULSA OK	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME John Indrigo	
1.3 STREET ADDRESS 234 N. Westmonte Dr.	
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	
2.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME E. Michael Ingram	
2.3 STREET ADDRESS 1564 NE Expressway	
2.4 CITY-ST-ZIP Atlanta, GA 30329	
3.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Rebecca L. Speight	
3.3 STREET ADDRESS 6100 S. Yale #1900	
3.4 CITY-ST-ZIP Tulsa, OK 74136	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 100002285471--4	
4.3 STREET ADDRESS --09/05/97--01047--012	
4.4 CITY-ST-ZIP *****550.00 *****550.00	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

A. Alan
9/3/97

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: *[Signature]* E. Michael Ingram/Secretary 404/728-2239 9/2/97

CR2E034 (4/97)