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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011552 (3)

AMS FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address		
XO16 PRATT ST	6016 PRATT ST		
TAMPA FL 33647	TAMPA FL 33647-1043		

FILED May 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 6016 PRATT ST 6016 PRATT ST TAMPA FL 33647 TAMPA FL 33647-1043					
				3. Date Incorporated or Qualifi 02/10/1995	ed 3a. Date of Last Report 05/01/1996
2. Principa	Place of Business	2a. Mailing Address	, rivin	4. FEI Number	Applied For
21		26	,	59-3304608	Not Applicable
Suite, Ap	ut. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St.	ate	City & State		6. Election Campaign Financin	
23] Zip	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	Florida Statutes	for intangible tax under s. 199.032, Yes No
<u></u>	9. Name and Address of Cur		100	10. Name and Address of New	
	16 PRATT ST MPA FL 33647		82 Street Add 83 84 City	fress (P.O. Box Number is Not Acce	ptable) FL 85 Zip Code
SIGNATURE 12. TILE	Signature, typind or printed name of registered	agent and this if applicable (NO AND DIRECTORS DELETE	18. 1.1 TITLE		DATE FFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST ZIP	TAMPA FL 33647	[] DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	D Strouse, Jeffrey B	["] DETECT	2.1 TITLE 2.2 NAME		Change C Addition
STREET ADDRESS	AAAA BDATT AY		2.3 STREET ADDRESS		
CHTY-S1-ZIP	TAMPA FL 33647		2 4 CITY-ST-ZIP		
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADORESS	S		3.3 STREET ADDRESS		
CITY: \$1-ZIP TITEF		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<u></u>	Change Addition
NAME		La Deceir	4. 2 NAME		E Change E Hadition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
THILE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS	\$		5 3 STREET ADDRESS		
CITY-ST-79			5.4 City-ST-ZIP		
THE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS	S		6.3 STREET ADDRESS		
CITY+\$1-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: