

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 # P95 0000 20327

1. Corporation Name

ADVANCED MANAGEMENT SYSTEMS, INC.

FILED

97 MAY -9 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1191 A N. EGLIN
Pkwy. #303

SAME

SHALIMAR, FL. 32579

REINSTATEMENT 90-97

2. Principal Place of Business

21 1191 A N. EGLIN PKWY

2a. Mailing Address

26 1191 A N. EGLIN PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 303

27 303

City & State

City & State

23 SHALIMAR FL.

28 SHALIMAR, FL.

Zip

Country

Zip

Country

24 32579

25 OKLAHOMA

29 32579

30 OKLAHOMA

9. Name and Address of Current Registered Agent

LEWIS JENNINGS
605 MOONEY RD.
FT. WALTON BEACH, FL. 32547

10. Name and Address of New Registered Agent

81 Name

WILLIE A. FARROW

82 Street Address (P.O. Box Number is Not Acceptable)

113 Port Dr.

83

84 City

SHALIMAR

FL

85 Zip Code

32579

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 - am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

5-7-97

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME WILLIE A. FARROW

STREET ADDRESS 113 Port Dr.

CITY-STATE-ZIP SHALIMAR, FL. 32579

12 TITLE ☐ DELETE

13 NAME

14 STREET ADDRESS

15 CITY-STATE-ZIP

16 TITLE ☐ DELETE

17 NAME

18 STREET ADDRESS

19 CITY-STATE-ZIP

20 TITLE ☐ DELETE

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

24 TITLE ☐ DELETE

25 NAME

26 STREET ADDRESS

27 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 included 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

204-651-3634

Daytime Phone #

CR2E034 (9/96)