#### SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000048591 (8)

ACCOUNTS RECEIVABLE MANAGEMENT SERVICES, INC.

Dringing! Place of Queinage

Mailing Address

# **FILED** Jul 08 1998 8:00am Secretary of State



8144 KINGSLEY LAKÉ DR. STARKE FL 32091		6144 KIN	6144 KINGSLEY LAKE DR. STARKE FL 32091			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/19/1995	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	26			<b>59-332 1538</b> Not Applicable	
Suite, Apt. #, etc.		<u>├</u> ─┐	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip Cou		Countr				
24	25	29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
1	9. Name and Address of Curre		Agent	1501		10. Name and Address of New Registered Agent	
	DY, DUDLEY P		<del>-</del> -	81	Name		
998 N. TEMPLE AVE.				92	82 Street Address (P.O. Box Number is Not Acceptable)		
STAI	RKE FL 32091		Street.		Sueera	Address (P.O. Box Number is Not Acceptable)	
	· •			83			
	•			84	City	FL 85 Zip Code	
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							
DIONATORE	Signature, typed or printed name of registered ag	ent and title if applic	able (N	OTE: Registered /	geni signatur	e required when reinslating) DATE	
12.		ND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GARCIA, ANDY		1.1 TITLE		Change Addition		
NAME	6144 KINGSLEY LAKE DR.			1.2 NAME		•	
STREET ADDRESS	STARKE FL 32091			1.3 STREE	ADDRESS		
CITY-ST-ZIP	D TORNE TE SEURI			1.4 CITY-S	r-ZIP		
TITLE	GARCIA, LAURA		2.1 TITLE		Change Addition		
NAME	6144 KINGSLEY LAKE DR.			2.2 NAME			
STREET ADDRESS	STARKE FL 32091				ADDRESS		
CITY-ST-ZIP TITLE	-			2.4 CITY-S 3.1 TITLE	T-ZIP	Change Addition	
NAME			DELETE	3.2 NAME		Change  Addition	
STREET ADDRESS					ADDRESS	. •	
CITY-ST-ZIP				3.4 CITY-S		1 ,	
TITLE		<del></del>	DELETE	4.1 TITLE		Change Addition	
NAME			OLCE,E	4.2 NAME		1 - 1 - 1	
STREET ADDRESS				4.3 STREE	ADDRESS		
CITY-ST-ZIP				4.4 CITY-S	r-ZiP	/////	
TITLE		<del></del>	DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	ADORESS		
CITY-ST-ZIP				5.4 CITY-S	r-ziP		
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME	ł	700002583737	
STREET ADDRESS				6.3 STREE	ADDRESS	-07/09/9801005030	
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	***150.00	

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.

### Accounts Receivable Management Services, Inc.



Andy Garcia President Laura Garcia Vice-President

July 6, 1998

DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS DIVISION OF CORPORATIONS P D BOX 6327 TALLAHASSEE, FL 32314

#### TO WHOM IT MAY CONCERN:

I FILED THE ORIGINAL REPORT FROM POTEAU, OAKLAHOMA ON APRIL 24, 1998. I WAS IN POTEAU DOING WORK FOR EASTERN OAKLAHOMA MEDICAL CENTER. CHECK NUMBER 523 FOR 150.00 WAS SENT WITH THE REPORT.

I **BAVE STOPPED PAYMENT ON THIS CHECK AND AM SUBMITTING THE REPORT AGAIN.** 

I \$POKE WITH CHRIS AT 1 800 488 9000 AND SHE ADVISED ME TO REFILE THE REPORT AND SEND THE \$150.00 FEE THAT WAS SENT IN APRIL

IL YOU HAVE ANY QUESTIONS PLEASE CALL ME. THANK YOU FOR YOUR HELP IN THIS MATTER

SINCERELY YOURS,

NIDY GARCIA