FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000062800 (4)

DOCUMENT #

1. Corporation Name ADVANCED SYSTEMS MANAGEMENT SERVICES, INC.

FILED Apr 29 1996 8:00 am Secretary of State

incipal Place of B	usiness	Maining Add	lress			i itäittäi tiä iäiät auri earu ear			
		610 JU	ILIA ST						
610 JULIA ST JACKSONVILLE FL 32202		JACKS	ONVILLE FL 32202			3. Date Incorporated or Qualified	3a. Date	of Last Report	
						08/08/1995			
		- poper - 1				4. FEI Number			ed For
. Principal Piace o	of Business	2a. Mailing	Address same			59-3328606		1 1	Applicable
	Riverside Avenu	LE 26 Suite.	Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ad	
Suite, Apt. #, et	rc.	27				Election Campaign Financing		\$5.00 M	
301 City & State		City 8	State			Trust Fund Contribution		Added to	Fees
	nville, FL.	28				This corporation has liability for	intangible ta	ax under s 199	9.032,
Zp	Country	Zip	k n	Country		Lipoda Statutes Yes	5 [] NO		
コマンクロム	25	29	30			10. Name and Address of New	Registered	Agent	
	9. Name and Address of Currer	nt Hegistered F		81	Name	same			
. =				<u> </u>	Chroch Add	ress (P.O. Box Number is Not Accepta	ıble)		
CHAMBERLAIN, STEVEN M 1 SE 1ST AVE GAINESVILLE FL 32601				82	Street Add	ress (r. C. Too Too			
				83					
				- <u>-</u> -	City			85 Zip C	Code
					1		F		istered offic
	-1.01-m c07.060	12 and 600 1508	s, Florida Statutes, th	ne abov€ f	named corpo	oration submits this statement for the partie of directors. Thereby accept the ar	appintment a	as registered at	gent. I am
Signature by each product value of registering sections. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO O President	FFICERS A	ND DIRECTOR Change	S IN 12 Addition
TITLE	V. President-	Marketi	Ha nerer	12 NAME	ì	Nlam Anderson			
NAME	David Muyres				Lunnosce	inno Riverside A	venue	, Suite	e 301
				1331111	1 7.1.75.110.11			201	
STREET ADDRESS	610 Julia St.		0000	1.4 CIT++	-51 - ZiP	Jacksonville, FL	. 32	ZU4	[] Addition
STREET ADDRESS CITY-ST-ZIP	Jacksonville,	_FL3	2202	2 1 Tel .6		Jacksonville, FL Secretary	. 32	Change	Addition
	Jacksonville, V. President-	FL3 Reimb.	2202 * DELETE	II		Jacksonville, FL Secretary	. 32	KI Ounds	
CITY-SI-ZIP TITLE NAME	Jacksonville, V. President- Bill Englebre	_FL3 Reimb. cht	2202 * DELETE	2 1 Til .£ 22 NA 46		Jacksonville, FL Secretary Glenn Crawford 1000 Riverside A	venue	, Suit	
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I do hereby certify that the information supply I with this filing is voluntarily turnished an I does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this firmular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of true corp. Alson or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted on an attachment with an address.

SIGNATURE:

RON HUDSON