

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034339 (7)**

1. Corporation Name
AOS OF PENSACOLA, INC.

Principal Place of Business 200 NEW TOWN CORPORATE CENTER 4491 SOUTH STATE ROAD 7 FORT LAUDERDALE FL 33314	Mailing Address 200 NEW TOWN CORPORATE CENTER 4491 SOUTH STATE ROAD 7 FORT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0672763		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOISVERT, LOUIS 4491 S SR 7 200 FT LAUDERDALE FL 33314		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	KLAMM, ULLRICH PH.D.	1.2 NAME	
STREET ADDRESS	4491 SOUTH STATE ROAD 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DVP
NAME	BOISVERT, LOUIS W III	2.2 NAME	
STREET ADDRESS	4491 SOUTH STATE ROAD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	AS
NAME	ORSINI, FRANCINE	3.2 NAME	
STREET ADDRESS	4491 S SR 7, S200	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	S
NAME		4.2 NAME	Carol Befanis O'Donnell
STREET ADDRESS		4.3 STREET ADDRESS	4491 So. State Road Seven, #200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 to an address.

SIGNATURE _____

CR2E034 (10/97)