

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

FILED

**May 14 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 # P96000062894 (6)
1. Corporation Name:
ACS-ASSOCIATED CONTRACTUAL SERVICES, INC.



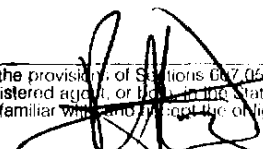
Principal Place of Business 7738 FRONTIER DRIVE YALAHA FL 34797	Mailing Address 7738 FRONTIER DRIVE YALAHA FL 34797
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36424 Florie Mae Lane		2a. Mailing Address 26 P.O. Box 391		3. Date Incorporated or Qualified 07/29/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3394424	
23 City & State Dade City, FL		28 City & State San Antonio, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33523-6541		29 Zip 33576		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
35 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCRIBNER, JOHN R 7738 FRONTIER DRIVE YALAHA FL 34797				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
				Rafael A. Robles, Esc. 2150 Mariner Blvd.			
83				84 City			
				Spring Hill FL 85 Zip Code 34608			

11. Pursuant to the provisions of Sections 607.0609 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 607.0605, Florida Statutes.

SIGNATURE:  **RAFAEL A. ROBLES** DATE: **4/29/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ARROYO, DANIEL		1.2 NAME	Bartolome Colom			
STREET ADDRESS	7738 FRONTIER DRIVE		1.3 STREET ADDRESS	36424 Florie Mae Lane			
CITY-ST-ZIP	YALAHA FL 34797		1.4 CITY-ST-ZIP	Dade City, FL 33523-6541			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCRIBNER, JOHN R		2.2 NAME	Robert F. Grimsley			
STREET ADDRESS	7738 FRONTIER DRIVE		2.3 STREET ADDRESS	13123- 108th Ave. North			
CITY-ST-ZIP	YALAHA FL 34797		2.4 CITY-ST-ZIP	Largo, FL 33774			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLOM, BARTOLOME		3.2 NAME	Rafael A. Robles, Esq.			
STREET ADDRESS	7738 FRONTIER DRIVE		3.3 STREET ADDRESS	11387 Long Hill Ct.			
CITY-ST-ZIP	YALAHA FL 34797		3.4 CITY-ST-ZIP	Spring Hill, FL 34609			
TITLE		<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 even attached with a new address.

SIGNATURE:  **RAFAEL A. ROBLES** DATE: **4/29/98** (352) 688-8070

CP2E034 (10/97)