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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000062894**

1. Corporation Name
ACS-ASSOCIATED CONTRACTUAL SERVICES, INC.

Principal Place of Business	Mailing Address
36424 FLORIE MAE LN. DADE CITY FL 33523-6541 US	PO BOX 391 SAN ANTONIO FL 33576 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1996

4. FEI Number
59-3394424

[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROBLES, RAFAEL A. E
2150 MARINER BLVD.
SPRINGHILL FL 34608

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	COLOM, BARTOLOME		12 NAME	
STREET ADDRESS	36424 FLORIE MAE LN.		13 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523		14 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	GRIMSLEY, ROBERT F.		22 NAME	
STREET ADDRESS	13123-108TH AVE. N.		23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774		24 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	ROBLES, RAFAEL A. E		32 NAME	
STREET ADDRESS	11387 LONG HILL CT.		33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****158.75 ****158.75

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, with all other like empowered.

SIGNATURE: _____ RAFAEL A. ROBLES 4/14/99 (813) 927-5137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)