**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092609

AMERICAN MANAGEMENT CONSULTANTS INTERNATIONAL, I

Principal Place of Business								
8324 WEST DRIVE								
WESLEY CHADEL EL 33844								

Mailing Address

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90055 017 \*\*\*150.00



8324 WEST DR WESLEY CHAPI		8324 WEST DRIVE WESLEY CHAPEL FL 33544				DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 11/08/1996				
	face of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-3410063			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	5 Additional Required	
City & State	ė	City & State	<del>-1</del>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29 3	′		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
Name and Address of Current Registered Agent						10. Name and Address of New R	legistered A	Agent		
	L, GENE H		81	Nam	е				ļ	
209		82	Stree	Street Address (P.O. Box Number is Not Acceptable)						
BRAI	NDON FL 33511		83	_						
			84	City			FI	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signatur	w beniupan e	hen reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES'TO OF	FICERS ANI	D DIRE	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		1			Char	nge Addition	
NAME	HAMMOND, BRUCE R		1.2 NAME						ĺ	
STREET ADDRESS	8324 WEST DRIVE		1.3 STREE	T ADDRES	s l				ļ	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY-S							
TITLE	D	☐ DELETE	2.1 TITLE	·	<u> </u>			Char	ige Addition	
NAME	HAMMOND, JUNE C.		2.2 NAME		<u>.l</u> .	• •		_	ľ	
STREET ADDRESS	8324 WEST DRIVE	•	2.3 STREE	TADORES	s				Į.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		2. 4 CITY-		-	-				
TITLE	D	☐ DELETE	3.1 TITLE		1			Char	nge 🔲 Addition	
NAME	ANDERSON, JEFFREY M		3.2 NAME							
STREET ADDRESS	16017 GLEN-HAVEN DRIVE		3.3 STREE	TANNRES	s	•			ļ.	
CMY-ST-ZIP	TAMPA FL 33618		3.4. CITY-		~				- [	
TITLE	17.1111 7.1 12 00010	DELETE	4.1 TITLE	37-24F	<del> </del>			☐ Char	nge Addition	
NAME			4. 2 NAME							
STREET ADDRESS	•		4.3 STREE	TADORES	s				ĺ	
CITY-ST-ZIP			4.4 CITY-5		<b>~</b>				1	
TITLE	<del></del>	☐ DELETE	5.1 TITLE		<del>-</del>			☐ Char	ige	
NAME		<b>—</b>	5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRES	s				ì	
CITY-ST-ZIP			5.4 CITY-S						j	
TITLE		☐ DELETE	6.1 TITLE		<del> </del>			☐ Char	ge Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRES	s				1	
CITY-ST-718			64 CITY-S		1					

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: