

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057004 (8)

1. Corporation Name  
AMES MANAGEMENT, INC.

Principal Place of Business  
2684 SW GREENWICH WAY  
THE MEADOWS, PALM CITY FL 34990

Mailing Address  
2684 SW GREENWICH WAY  
THE MEADOWS, PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 950 S. FEDERAL HWY		26 950 S. FEDERAL HWY		06/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0770156	
City & State		City & State		5. Certificate of Status Desired	
23 STUART, FLORIDA		28 STUART, FLORIDA		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution	
24 34994		29 34994		30 MARTIN	
Country		Country		8. This corporation owes or has paid the current year Intangible	
25 MARTIN		30 MARTIN		Personal Property Tax due June 30.	
26		31		9. Name and Address of Current Registered Agent	
27		32		10. Name and Address of New Registered Agent	
28		33		81 Name	
29		34		82 Street Address (P.O. Box Number is Not Acceptable)	
30		35		83	
31		36		84 City	
32		37		85 Zip Code	
33		38		FL	
34		39		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	
35		40		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	
36		41		agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	
37		42		SIGNATURE	
38		43		2/5/98	
39		44		DATE	
40		45		12. OFFICERS AND DIRECTORS	
41		46		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
42		47		1.1 TITLE	
43		48		1.2 NAME	
44		49		1.3 STREET ADDRESS	
45		50		1.4 CITY - ST - ZIP	
46		51		2.1 TITLE	
47		52		2.2 NAME	
48		53		2.3 STREET ADDRESS	
49		54		2.4 CITY - ST - ZIP	
50		55		3.1 TITLE	
51		56		3.2 NAME	
52		57		3.3 STREET ADDRESS	
53		58		3.4 CITY - ST - ZIP	
54		59		4.1 TITLE	
55		60		4.2 NAME	
56		61		4.3 STREET ADDRESS	
57		62		4.4 CITY - ST - ZIP	
58		63		5.1 TITLE	
59		64		5.2 NAME	
60		65		5.3 STREET ADDRESS	
61		66		5.4 CITY - ST - ZIP	
62		67		6.1 TITLE	
63		68		6.2 NAME	
64		69		6.3 STREET ADDRESS	
65		70		6.4 CITY - ST - ZIP	

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 S. BISCAYNE BLVD., STE. 4874  
MIAMI FL 33131

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

*Eduardo Jr. Soffici*

2/5/98

Signature, typed or printed name of registered agent and fee, if applicable

(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	TREASURER
NAME	SOFFICI, EDUARDO JR.	1.2 NAME	SOFFICI, EDUARDO SR.
STREET ADDRESS	2684 SW GREENWICH WAY	1.3 STREET ADDRESS	950 S. FEDERAL HWY
CITY - ST - ZIP	THE MEADOWS, PALM CITY FL 34990	1.4 CITY - ST - ZIP	STUART, FL 34994
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 with an address.

SIGNATURE:

*Eduardo Jr. Soffici*

2/5/98

161.287.3/71

CR2E034 (10/97)