

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

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P97000074952 (7)**  
 1. Corporation Name  
**ACDM - PMS, INC.**



Principal Place of Business <b>P.O. BOX 924459                  PRINCETON FL 33092-4459</b>	Mailing Address <b>P.O. BOX 924459                  PRINCETON FL 33092-4459</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/28/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>05-0812710</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**SACHS, IRIS N  
 317 NORTH KROME AVENUE  
 HOMESTEAD FL 33030**

**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**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCGLOTHLIN, DALLAS	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HALPERN, CATHERINE	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, JOEL	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCGLOTHLIN, MICHAEL	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERA, OMAR	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERA, ANGEL	
STREET ADDRESS	25331 S.W. 142ND AVENUE	
CITY-ST-ZIP	PRINCETON FL 33032	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Dallas McGlothlin* Dallas McGlothlin 03-30-98 (305)258-0347

CR2E034 (10/97)