

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90021 013 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000074952

1. Corporation Name
ACDM - PMS, INC.



Principal Place of Business
P.O. BOX 924459
PRINCETON FL 33092-4459

Mailing Address
P.O. BOX 924459
PRINCETON FL 33092-4459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1997	
4. FEI Number 65-0812710	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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. City	
84. City	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOTHLIN, DALLAS	1.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, CATHERINE	2.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOEL	3.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOTHLIN, MICHAEL	4.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, OMAR	5.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, ANGEL	6.2 NAME	
STREET ADDRESS	25331 S.W. 142ND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	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, with all other like empowered.

SIGNATURE: *Dallas McGlothlin* REQUIRED Dallas McGlothlin 04-15-99 305=258-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)