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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092826

ADVANCED MANAGEMENT SOLUTIONS, INC.

							110211001110111111111111111111111111111			-
Principal Plac	e of Business	Mail	ing Address							
702 SWEETWA			SWEETWATER BLVD. N	1						
LONGWOOD FL 32779			LONGWOOD FL 32779 US			DO NOT WRITE IN THIS SPACE				
U\$		US					3. Date Incorporated or Qualifed			
							10/24/1997			
2 Principal D	Place of Business	22	Mailing Address				4. FEI Number		Ar	plied For
Z. Principal r	lace of Business	26	g				59-3476248		• No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
`			27				5. Certificate of Status Desired		Fee Re	equired
City & Stat	le .		City & State				6. Election Campaign Financing	П	\$5.00	May Be
23	•	28	•				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country		Zip	Cou	ıntry		8. This corporation owes the current	nt year Inta	ngible	_
<u> </u>	25	29		30			Personal Property Tax.		Yes	□No ·
	9. Name and Address of Current		ered Agent				10. Name and Address of New Re	gistered A	gent	
					81	Name				
JOHMSON, WADE F JR					82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
118	E JEFFERSON ST				02	Street Addit	ess () .O. Box (tallion to the company			
ORL	ANDO FL 32801				83		1 300 1 30 1 30 1	部制約	刑事 結	開發胡舞
					<u></u>		্ৰান্ত কৰিছে ক বিষয়ে বিষয়ে বিষয়	\$2171 4 74 4 11	85 Zip	Code
٠,					84	City		FL	83 Zip	Code
		2 and 60	7 1508 Florida Statuto	es the a	ahove	e-named com	oration submits this statement for the p	urpose of o	hanging its	registered
							on's board of directors. I hereby accept	the appoin	tment as re	egistered
agent. I a	registered agent, or both, in the state of the amendam familiar with, and accept the obligation	tions of, S	Section 607.0505, Flor	rida Stat	tutes					
SIGNATURE			Factor (NOTE	Basistora	d Agor	d cionatura require	d when reinstating)	DATE		
	Signature, typed or printed name of registered agen OFFICERS AN		<u></u>	13.		it signature require	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
12.	P	DINEC	DELETE	1.1 7			76 kgm, 6 k		Change	Addition
TITLE	1 *		<u> </u>	I.	IAME					
NAME	MITCHELL, MARIE S					r +000E00				
STREET ADDRESS				1.3 S	IKEE	T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779					T-ZIP I				
TITLE				_	TY-S				Change	☐ Addition
NAME			☐ DELETE	2.1 TI	TTLE			<u>.</u> .	☐ Change	Addition
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CITY-ST-ZIP	5		DELETE	2.1 TI 2.2 N	TTLE NAME	T ADDRESS			☐ Change	☐ Addition
TITLE	3			2.1 TI 2.2 N 2.3 S	TTLE NAME	T ADDRESS				
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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. CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90039 037 ***150.00