

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90006 011 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000012227

1. Corporation Name
A.M. TO P.M., INC.



Principal Place of Business 1400 OVIEDO MARKET PLACE BLVD. OVIEDO FL 32765		Mailing Address 1400 OVIEDO MARKET PLACE BLVD. OVIEDO FL 32765		DO NOT WRITE IN THIS SPACE	
3201 E Colonial Pl. Orlando FL 32803-5167		3201 E Colonial Pl. Orlando FL 32803		3. Date Incorporated or Qualified 02/05/1998	
21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address
27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	31. Date Incorporated or Qualified	32. Applied For
33. Certificate of Status Desired	34. Election Campaign Financing	35. Trust Fund Contribution	36. This corporation owes the current year Intangible Personal Property Tax.	37. Yes	38. No
9. Name and Address of Current Registered Agent THOMAS, CAROLYN 882 LIVE OAK LANE OVIEDO FL 32765			10. Name and Address of New Registered Agent		
STUART K. FOXMAN CPA 1201 S. Orlando Ave. Winter Park, FL 32789-7192			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			84. 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 <i>[Signature]</i>		DATE 6/30/99	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Terry Maze	13145 Lakemary Jane Rd.	Orlando, FL 32806
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-99
 896-7686

CR2E034 (11/98)