


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90095 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000012377

1. Corporation Name
AMERICAN ACADEMY OF MEDICAL LEGAL CONSULTANTS, INC.



Principal Place of Business 5553 WALNUT CARE WEST BLOOMFIELD MI 48322	Mailing Address 5553 WALNUT CARE WEST BLOOMFIELD MI 48322 3690-K EAST BAY DRIVE LARGO, FLA 33771-1946
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a Mailing Address	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	23 City & State	26 City & State	24 Zip	25 Country	29 Zip	30 Country
	3690-K EAST BAY DRIVE			LARGO FL	LARGO FL			33771	USA

3. Date Incorporated or Qualified 02/06/1998	4. FEL Number 59-3493660	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WESTON, STUART A
1000 CHATHAM CT
SAFETY HARBOR FL 34695

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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		

P STUART A. WESTON
 1000 CHATHAM COURT
 SAFETY HARBOR, FL 34695

V SANDRA ASH WESTON
 1000 CHATHAM COURT
 SAFETY HARBOR, FL 34695

D BONNI LIEBERMAN
 5553 WALNUT CARE
 WEST BLOOMFIELD, MI 48322

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: STUART A. WESTON PRES. 4/26/99 722-535-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)