


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

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

07-29-1999 90011 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000058375</u>			
1. Corporation Name <u>OUTSOURCING MANAGEMENT SOLUTIONS, INC</u>			
Principal Place of Business <u>SUITE 24</u> <u>348 MIRACLE STRIP PKWY</u> <u>FT. WALTON BCH. FL 32548</u>		Mailing Address <u>BOX 596</u> <u>FORT WALTON BCH, FL</u> <u>32549</u>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <u>6/30/98</u>	
4. FEI Number <u>59-3520586</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <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 <u>DEBBIE W. KING</u> <u>150 GULF SHORE DRIVE</u> <u>UNIT 401</u> <u>DESTIN, FL.</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 <u>Debbie W. King</u> <u>DEBBIE W. KING</u> <u>7/26/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CFO</u> <input type="checkbox"/> DELETE <u>ROBERT F. THOMA</u> <u>132 EMERALD RIDGE DR.</u> <u>SANTA ROSA BEACH FL 32459</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DEBBIE W. KING</u> <input type="checkbox"/> DELETE <u>150 GULF SHORE DR.</u> <u>DESTIN, FL.</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <input type="checkbox"/> DELETE <u>EDDIE KING</u> <u>150 GULF SHORE DR.</u> <u>DESTIN, FL.</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert F. Thoma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99 850-796-0050
Date Daytime Phone #

CR2E034 (11/98)



OUTSOURCING MANAGEMENT SOLUTIONS, INC.

09800058375
598077-9011-45

July 26, 1999

Florida Department Of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

ATTN: Katherine Harris

Re: Outsourcing Mgt Solutions
FEI 59-3520586
1999 Corp Report

Dear Ms. Harris;

Enclosed please find our 1999 Corporate Annual Report and a check in the amount of \$150.00 for the annual filing fee.

We never received our preprinted form since the State had the wrong address for our Registered Agent (see attached letter). The correct address should be 150 Gulf Shore Drive and not 50 Gulf Shore Drive. The post office would not have a listing for Outsourcing Mgt Solutions at a Gulf Shore Drive address.

Please correct your records for the 2000 return. Thank you.

Sincerely,

Robert F. Thoma
Chief Financial Officer

Friday, October 23, 1998 12:03 PM

To: Eddie King

From: Mark Hankins

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10/19/98 11:43 Florida Department p2 /2.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 19, 1998

OUTSOURCING MANAGEMENT SOLUTIONS, INC.
50 GULF SHORE DRIVE
#401
DESTIN, FL 32541

Re: Document Number P98000058375

The Articles of Amendment to the Articles of Incorporation for OUTSOURCING MANAGEMENT SOLUTIONS, INC., a Florida corporation, were filed on October 19, 1998.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H98000019228.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Darlene Connell
Corporate Specialist
Division of Corporations

Letter Number: 798A00051508

P48000058375
850-487-6059
598077-90811-45
(Opt. 2)