

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90091 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000094023**

1. Corporation Name  
**AMA RESEARCH CORPORATION**

Principal Place of Business 735 ARLINGTON AVENUE NORTH SUITE 200 ST. PETERSBURG FL 33701	Mailing Address 735 ARLINGTON AVENUE NORTH SUITE 200 ST. PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>same address</u>	2a. Mailing Address 26 <u>same address</u>	4. FEI Number 59-3545612	Applied For Not Applicable
22 <u>Suite 104</u>	27. <u>Suite 104</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 <u>same address</u>	28 <u>same address</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 <u>same</u> 25	29 <u>same</u> 30	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

**OTTS, RAY**  
 415 13TH AVENUE NORTHEAST  
 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZACH, JAMES A	
STREET ADDRESS	1124 SEVILLE LANE NORTHEAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUFO, LOUIS M	
STREET ADDRESS	10265 GANDY BLVD. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OTTS, RAYMOND A	
STREET ADDRESS	415 13TH AVENUE NORTHEAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James A. Zach 3-15-99 800-957-0888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)