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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$58095

(8)

ACCESS MANAGEMENT CORPORATION

Principal Prace of Business Mailing Address 428 EAST PINE AVENUE 428 EAST PINE AVENUE **CRESTVIEW FL 32536** CRESTVIEW FL 32539-2808 3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1991 07/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3079417 26 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BELL. CHANDLER** Childers 233 ECHO CIRCLE Street Address P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 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 agent + am farm har with, and accept the obligations of, Section 607.0505, Florida Statutes,

* Wesley M. Childers OFFICERS AND DIRECTORS 12. DELETE TITLE 1.1 TITLE **BELL. CHANDLER** NAME 1.2 NAME 233 ECHO CIRCLE 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH, FL 32548 1.4 CITY-ST-ZIP CITY - ST - 7IF President Sec-Treasurer & Change Childers Wesley M. DELETE 2.1 TITLE 117LE CHILDERS, WESLEY M Childers Wesler 113 Kipling Drive 2.2 NAME NAME 113 KIPLING DRIVE STREET ADDRESS 2.3 STREET ADDRESS CRESTVIEW FL 32539 2. 4 City-St-ZiP Crestview 32539 CITY - ST - ZIP DELETE Addition TITLE 3.1 HILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST - 7IP 34 CITY-ST-ZIP DELETE Change Addition THUS 41 TITL€ 4.2 NAME NAMi 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 209 4.4 CiTY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY+ST+ZIP CITY - \$1 - 201 DELETE 61 TITLE Change Addition THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I do 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 arrival report or supplemental arrival 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 Brack 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jan 16 1997 8:00am

Secretary of State

(96/6)