

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S83505** (5)
1. Corporation Name
ADMINISTRATIVE MANAGEMENT CONSULTANTS, INC.



Principal Place of Business 124 ATLANTIC AVE MASCOTTE FL 34753 US	Mailing Address 124 ATLANTIC AVE MASCOTTE FL 34753 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 E. Swanson Street Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 547 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/20/1991	
22 City & State 23 Groveland, Florida Zip Country		27 City & State 28 Groveland, Florida Zip Country		4. FEI Number 65-0289006 Applied For Not Applicable	
24 34736 25 U.S.		29 34736 30 U.S.		5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BANYAS, JEANNIE B 124 ATLANTIC AVE MASCOTTE FL 34753		10. Name and Address of New Registered Agent 81 Name Banyas, B. Jeannie 82 Street Address (P.O. Box Number is Not Acceptable) 160 E. Swanson Street 83 84 City Groveland FL 85 Zip Code 34736	
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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 B. Jeannie Banyas, President 01/07/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANYAS, B. JEANNIE	1.2 NAME	Banyas, B. Jeannie
STREET ADDRESS	124 ATLANTIC AVE	1.3 STREET ADDRESS	P.O.Box 547
CITY-ST-ZIP	MASCOTTE FL	1.4 CITY-ST-ZIP	Groveland, Florida 34736 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. B. Jeannie Banyas

SIGNATURE: B. Jeannie Banyas, President 01/07/98 352-429-5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0486837

CR2E034 (10/97)