FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:46

DOCUMENT # V33336 (1)

1. Corporation Name

ACCOUNTS MANAGEMENT INCORPORATED OF TAMPA BAY

Principal Place of Business	Mailing Address
3550 W. WATERS AVE. ~~STE 240~~ TAMPA FL 33614	3550 W. WATERS AVE. ~~STE 240~~ TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 100
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 100
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3116204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRECO, FRANK J.
~~2112 N 15TH ST.~~
~~STE 200~~
~~TAMPA FL 33605~~
1715 N. Westshore Blvd.
Suite 750
Tampa, Fla. 33607-3927

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	PATON, ROBERT	12 NAME	
STREET ADDRESS	2037 SHAWDOW PINE	13 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MANISCALCO, ANTHONY F.	22 NAME	
STREET ADDRESS	3550 W. WATERS AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PATON, JOHN E.	32 NAME	
STREET ADDRESS	6009 ALDERWAY DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~RYAN, CHARLES~~	42 NAME	Benedict S. Maniscalco
STREET ADDRESS	~~2985 BONAVENTURE CIRCLE, #204~~	43 STREET ADDRESS	2727 W. Martin Luther King, Ste. 800
CITY-ST-ZIP	~~PALM HARBOR FL~~	44 CITY-ST-ZIP	Tampa, FL 33607
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Cindy J. Maniscalco 2/8/95 (813)935-5761
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — (Daytime Phone)
Anthony F. Maniscalco

0206641 CP