

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90103 043 \*\*\*150.00

DOCUMENT # V33336

1. Corporation Name

ACCOUNTS MANAGEMENT INCORPORATED OF TAMPA BAY

Principal Place of Business

3550 W. WATERS AVE.  
SUITE 100  
TAMPA FL 33614  
US

Mailing Address

3550 W. WATERS AVE.  
SUITE 100  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 6800 N. Dale Mabry  
Suite, Apt. #, etc.  
22 Suite 100

23 City & State  
Tampa, FL

24 Zip Country  
33614 USA

2a. Mailing Address

26 6800 N. Dale Mabry  
Suite, Apt. #, etc.  
27 Suite 100

28 City & State  
Tampa, FL

29 Zip Country  
33614 USA

9. Name and Address of Current Registered Agent

GRECO, FRANK J.  
1715 N. WESTSHORE BLVD.  
SUITE 750  
TAMPA FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE  
NAME PATON, ROBERT  
STREET ADDRESS 2037 SHADOW PINE  
CITY-ST-ZIP BRANDON FL 33511

TITLE STD ☐ DELETE  
NAME MANISCALCO, ANTHONY F.  
STREET ADDRESS 3550 W. WATERS AVE.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME PATON, JOHN E.  
STREET ADDRESS 6009 ALDERWAY DR.  
CITY-ST-ZIP BRANDON FL

TITLE D ☐ DELETE  
NAME MANISCALCO, BENEDICT S.  
STREET ADDRESS 2727 W. MLK SUITE 800  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME Maniscalco, Anthony F.  
2.3 STREET ADDRESS 6800 N. Dale Mabry, Suite 100  
2.4 CITY-ST-ZIP Tampa, FL 33614

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)