

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V58367 (6)**
1. Corporation Name
ASSOCIATION MANAGEMENT SERVICES, INC.



Principal Place of Business: **130 GLADIOLA ROAD NW NE PALM BAY FL 32907**
Mailing Address: **130 GLADIOLA ROAD NW NE PALM BAY FL 32907**

3. Date Incorporated or Qualified: **08/17/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-3134073**
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
**DAVIS, GEORGELEN
130 GLADIOLA ROAD NE
PALM BAY FL 32907**

10. Name and Address of New Registered Agent
81 Name: **Boboltz, Georgellen**
82 Street Address (P.O. Box Number is Not Acceptable): **130 Gladiola Road NE**
83 City: **Palm Bay** FL 85 Zip Code: **32907**

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: *Georgellen Boboltz* (4/15/96)
Signature, typed or printed name of registered agent and date of appointment.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PT	<input checked="" type="checkbox"/>
NAME	DAVIS, GEORGELEN	
STREET ADDRESS	130 GLADIOLA RD NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE	VPS	<input type="checkbox"/>
NAME	BOBLTZ, MICHAEL J	
STREET ADDRESS	130 GLADIOLA RD NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President/Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Boboltz, Georgellen		
1.3 STREET ADDRESS	130 Gladiola Road NE		
1.4 CITY - ST - ZIP	Palm Bay, FL 32907		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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.

SIGNATURE: *Georgellen Boboltz* (4/15/96) 407-268-2591
Signature and typed or printed name of signing officer or director. Date. Phone #.

CR2E034 (12/95)