## 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

## DOCUMENT # V58367

ASSOCIATION MANAGEMENT SERVICES, INC.

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

130 GLADIOLA ROAD NW PALM BAY FL 32907

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90200 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					08/17/1992		
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21	26				59-3134073	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22						Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	-
23 28					Trust Fund Contribution	Added to	o Fees
Zip	Country Zip			,	8. This corporation owes the current year Int		
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	L Nieres	10. Name and Address of New Registered	Agent	
BOBOLTZ, GEORGELLEN				Name			
130 GLADIOLA ROAD, NE				82 Street Address (P.O. Box Number is Not Acceptable)			
PALI	M DAT FL 32901		83				
			84	City		85 Zip (	Code
					FL	<u>-                                     </u>	
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 reffice 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 reg							registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered agen			nt signature requ	ired when reinstating) DATE	(D. DUDE 07.0	200 (1) 40
12.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFICERS AN		Addition
TITLE	_		1.1 TITLE	1		Change	Addiabn
NAME .	DODOCIE, GEORGEEEN		1.2 NAME				
STREET ADDRESS	130 GLADIOLA RD NE		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	VPS ☐ DELETE 2.1 TIT		2.1 TITLE			Change	Addition
NAME	BODE12, MICHAEL V		2.2 NAME				
STREET ADDRESS	130 GLADIOLA RD NE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	17 16/11 6/11 1		2.4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME	3.2 N		3.2 NAME				
STREET ADDRESS	3.3		3.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	34,6		3.4. CITY-8	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP	4.4 Cr		4.4 CITY-5	T-ZIP			
TITLE	☐ DELETE 5.1 TIT		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			ł
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP			
TITLE	DELETE 6.1 π		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS	•		
			6.4 CITY- S	T-ZIP	·		
CITY-ST-ZIP	<u> </u>				0 ii 110 07(0)(i) 51 i 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المطاف عليان المطاف	

4. 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:

ALBERTAL GEORGE (LEN BOBOLTZ) 4-27-99 407-168-259,
NATURE AND APPED OR PRINTED NAME OF SIGNING OF FICEROR DIRECTOR

CK2E034 (11/98)