

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Murray
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

COMM. MAY 12 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **V60540** (4)

1. Corporation Name
ASSOCIATED MANAGEMENT SYSTEM, INC.

Principal Place of Business: **333 17TH STREET SUITE V VERO BEACH FL 32960**
Mailing Address: **333 17TH STREET SUITE V VERO BEACH FL 32960**

(DO NOT WRITE IN THIS SPACE)

2. Previous Place of Business: **21**
2a. Mailing Address: **26**
3. Date Incorporated or Chartered: **08/27/1992**
4. FEI Number: **65-0356465**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under the laws of Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MCHUGH, JOHN J., JR
333 17TH STREET
SUITE U
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

12. OFFICERS AND DIRECTORS

OFFICER	D
NAME	MCHUGH, BETH ANN
STREET ADDRESS	333 17TH ST. #V
CITY & STATE	VERO BEACH FL
OFFICER	D
NAME	MADSEN, KIRK
STREET ADDRESS	333 17TH ST. #V
CITY & STATE	VERO BEACH FL
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the reasons stated in Sections 217.02(1)(b), Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and as stated 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 person or persons empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in Block 12 of this report and is signed or countersigned with my address.

SIGNATURE: *Beth Ann McHugh*
SIGNATURE AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR
Beth Ann McHugh

4-28-95