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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V60540

540 (4)

ASSOCIATED MANAGEMENT SYSTEM, INC.

FILED Mar 06 1997 8:00am Secretary of State



Principal Place of B	usiness	Mailir	ng Address				T MADYL OLIDIA DEKIL ADIDI DIRIL ALBER KANI BIDIL BIDIL BIDIL DIBIL DIBIL DIBIL DIBIL TUDI
333 17TH STREET SUITE V VERO BEACH FL 32960		SUITE	333 17TH STREET Suite V				
		VERO	VERO BEACH FL 32960-5687				3. Date Incorporated or Qualified
2. Principal Place C	f Business	2a. M	lailing Address				4. FEI Number Applied For
21		26					65-0356465 Not Applicable
Suile, Apt. #, etc		27 Sı	uite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State		C 28	ly & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zi	р	Coi	untry	***************************************	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30			Florida Statutes 🔀 Yes 🗌 No
9.	Name and Address of Curr	ent Register	ed Agent		ļ		10. Name and Address of New Registered Agent
MCHUGH	i, John J., Jr				81	Name	me .
333 17TH STREET Suite u					82	Street Address (P.O. Box Number is Not Acceptable)	
	ACH FL 32960				В3		
					84	City	FL 85 Zip Code
I office or registe	red agent, or both, in the Sta	te of Florida	Such change wa	s authorize	ad by	the cor	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
	illiar with, and accept the obli	igations of, S	ection 607.0505,	Florida Sta	tutes	;.	
SIGNATURE _ Standard	nel type dion printed name of registered a	agent and title if a	or heable IN	OTE: Registere	d Age	int signatur	ature required when reinstating) DATE
12.	OFFICERS A	ND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE D			☐ DELETE	1.11	FILE		Change Addition
	HUGH, BETH ANN			1.2 M	IAME		
	3 17TH ST. #V			1.3 S	TREET	address	SS
City - ST - ZIP VE	ro Beach Fl			1.4 €	ITY-S	1-ZIP .	
THTLE			DELETE	2.17	ITLE		Change D'Addition
NAME:				2.2 N	IAME		SOHN J. MCHAGH SS 1746 St. #V UEND BEACH FL 31960
STREET ADDRESS				2.3 \$	TREET	ADDRESS	SS 333 //74 37, 17 V
Crty - \$1 - 71 ^p						T-ZIP	
TH1€			☐ DELETE	317	ITLE		☐ Change ☐ Addition
NAMI.				321	AME		
STREET ADORESS				335	TREET	ADORESS	SS
CITY - \$1 - 7 -			05.534			ST-ZIP	
Titut			☐ DELETE	4.1.7			Change Addition
NAME				4. 2	NAME		
STREET ADDRESS						ADDRESS	SS
CHY-ST ZIF					ITY-\$	T-ZIP	
TITLE			DELETE	5.1 T			☐ Change ☐ Additio
NAME				1	AME		
STHEET ADDRESS				539	TREET	ADDRESS	SS
C(Fr'-8" - 7)P				5.4 (ITY-S	T-ZIP	
TI'LE			☐ DELETE	6.1 7	ITLE		☐ Change ☐ Addition
NAM:				6.2 A	BMA		
STREET ADDRESS				6.3 \$	TREET	ADDRESS	ss)
City - St - 7th				6.4 (ITY-S	T-ZIP	
44	1.1. All and all a distributions of Communications	and the shales		- Dit . In . Ab .			a stated in Castian 410 07/3/3). Clasida Ctatutan I further portifu that the

Lide nereby certly 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 difficult 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 of cityinged, or en an attachment with an address.

SIGNATURE:

SIGNATURE AND I

OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

]. profiles

2-11-11

e Phone #