


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65119 (2)
1. Corporation Name
AUTOMATED MANUFACTURING SOLUTIONS, INC.



Principal Place of Business 1802 WEST 17ST SUITE C BLOOMINGTON IN 47404 US	Mailing Address 1802 WEST 17TH ST SUITE C BLOOMINGTON IN 47401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 20550 CHAPIN CT 26 Suite, Apt. #, etc. 27 City & State 28 STERLING, VA 29 Zip 30 20165 31 Country 32 USA		3. Date Incorporated or Qualified 09/21/1992	
		4. FEI Number 65-0357028		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BURGER, HARVEY A 20801 BISCAYNE BLVD. STE. 506 NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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

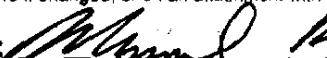
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, DONALD	1.2 NAME	
STREET ADDRESS	935 EMINENCE WAY	1.3 STREET ADDRESS	21 DOHENY
CITY-ST-ZIP	BLOOMINGTON IN	1.4 CITY-ST-ZIP	LAGUNA, NIGUEL CA 92677
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, JOANNE	2.2 NAME	
STREET ADDRESS	21 DOHENY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, MICHAEL	3.2 NAME	
STREET ADDRESS	935 EMINENCE WAY	3.3 STREET ADDRESS	20550 CHAPIN CT
CITY-ST-ZIP	BLOOMINGTON IN	3.4 CITY-ST-ZIP	STERLING, VA 20165
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  MICHAEL BURGER 1/7/98 703-906-7596

CR2E034 (10/97)