

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 24 AM 10:06

DOCUMENT # **H12129 (3)**  
1. Corporation Name  
**MANAGEMENT AFFILIATES, INC.**

Principal Place of Business Mailing Address  
**C/O TITO WEISS % Scott Miller** **C/O TITO WEISS % Scott Miller**  
**601 EAST ROLLINS STREET** **601 EAST ROLLINS STREET**  
**ORLANDO FL 32803** **ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/10/1984	05/01/1994
State, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2441645	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT MILLER 601 E. ROLLINS ST ORLANDO FL 32803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0507 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: *Scott Miller* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D, ASST SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGER, BILL	1.2 NAME	MACE, Rick
STREET ADDRESS	1545 W. POINSETTIA DR	1.3 STREET ADDRESS	1528 FOXDEN Rd
CITY, ST, ZIP	AVON PARK FL	1.4 CITY, ST, ZIP	APOKA, FL 32712
TITLE	VCD	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COE, WALLACE	2.2 NAME	SCHMIDT, H. H.
STREET ADDRESS	PO BOX 63330 N/A	2.3 STREET ADDRESS	2201 W. LK BRANTLEY DR
CITY, ST, ZIP	DELTONA FL	2.4 CITY, ST, ZIP	LONGWOOD, FL
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WALLY	3.2 NAME	
STREET ADDRESS	1991 LINNEAL BEACH DR	3.3 STREET ADDRESS	
CITY, ST, ZIP	APOKA FL	3.4 CITY, ST, ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, BETTY ROSE	4.2 NAME	
STREET ADDRESS	728 KIWI CIRCLE	4.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUBBA, HENRY	5.2 NAME	
STREET ADDRESS	307 PARK PLACE	5.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLL, HAROLD	6.2 NAME	
STREET ADDRESS	729 MAY DAY DR	6.3 STREET ADDRESS	
CITY, ST, ZIP	APOKA FL	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 110.07(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 amendment with an address.

SIGNATURE: *Scott Miller* DATE: 7-10-95 897-1598

CR2E034 (3/95)