

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: C/O SCOTT MILLER, 601 EAST ROLLINS STREET, ORLANDO FL 32803, US
Mailing Address: C/O SCOTT MILLER, 601 EAST ROLLINS STREET, ORLANDO FL 32803, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/10/1984
4. FEI Number: 59-2441645
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: SCOTT MILLER, 601 E. ROLLINS ST, ORLANDO FL 32803

10. Name and Address of New Registered Agent: 81 Name: DEBORAH METCALFE, 82 Street Address: 601 E. ROLLINS ST., 84 City: ORLANDO, FL 85 Zip Code: 32803

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: Deborah Metcalfe, Asst. Secretary, 1-16-98

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SAGER, BILL	
STREET ADDRESS	1545 W. POINSETTIA DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	COE, WALLACE	
STREET ADDRESS	PO BOX 63330 N/A	
CITY-ST-ZIP	DELTONA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELCH, WALLY	
STREET ADDRESS	1991 LINNEAL BEACH DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHERMAN, BETTY ROSE	
STREET ADDRESS	728 KIWY CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	METCALFE, DEBORAH	
STREET ADDRESS	1505 GRASSY RIDGE LANE	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: Deborah Metcalfe, Asst. Secretary, 1-16-98 (407) 895-7718

CR2E034 (10/97)