

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 002 ***550.00

DOCUMENT # H12129
Corporation Name
MANAGEMENT AFFILIATES, INC.

Principal Place of Business Mailing Address
/o Deborah Metcalfe c/o Deborah Metcalfe
01 East Rollins Street 601 East Rollins Street
Orlando, FL 32803 Orlando, FL 32803
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
26	c/o Deborah Metcalfe	07-10-1984	59-241645	Not Applicable
Suite, Apt. #, etc.	27. 2400 Bedford Road	5. Certificate of Status Desired		\$8.75 Additional Fee Required
27	2nd Floor	<input type="checkbox"/>		
City & State	28. Orlando, FL 32803	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
28	US	<input type="checkbox"/>		
Zip	29. US	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
25				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEBORAH METCALFE 601 E. ROLLINS STREET ORLANDO, FL 32803		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			FL

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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAGER, BILL		12. NAME	
1545 W. POINSETTIA DR		13. STREET ADDRESS	
AVCN PARK FL		14. CITY-ST-ZIP	
VCDE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COETTWALLACE		22. NAME	
PO BOX 63330		23. STREET ADDRESS	
BELTONA FL		24. CITY-ST-ZIP	
PD	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WELCH, WALLY		32. NAME	
1991 LINNEAL BEACH DR		33. STREET ADDRESS	
APOPKA, FL		34. CITY-ST-ZIP	
SD	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
METCALFE, DEBORAH		42. NAME	
1505 GRASSY RIDGE LANE		43. STREET ADDRESS	
APOPKA FL		44. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-ST-ZIP	

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, with all other links empowered.

SIGNATURE: Deborah Metcalfe Deborah Metcalfe 8/2/99 (407) 895-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone