

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

FILED
Feb 16 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 # J95893 (0)

1. Corporation Name
MANAGEMENT PAYROLL SERVICES, INC.

Principal Place of Business

Mailing Address

% LAUREN B. KOONIN
325 FIFTH AVENUE
INDIALANTIC FL 32903

% LAUREN B. KOONIN
325 FIFTH AVENUE
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1987

4. FEI Number

59-2853453

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 #207

26 Suite, Apt. #, etc.
27 #207

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KOONIN, LAUREN B.
325 FIFTH AVENUE
STE 207
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VOLKERT, LEON
4116 N. OCEAN DR., #700
LAUDERDALE BY THE SEA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
KOONIN, LAUREN B.
325 FIFTH AVENUE
INDIALANTIC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GOLLEHON, LINDA
4116 N. OCEAN DR., #700
LAUDERDALE BY THE SEA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
HENDERSON, CHARISSE A.
325 FIFTH AVENUE
INDIALANTIC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BENJAMIN, L.J.
325 FIFTH AVENUE
INDIALANTIC FL 32903

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Charisse A. Henderson 2-4-98 403 215-3200

CR2E034 (10/97)