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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

L93714

(8)

M & P MANAGEMENT SERVICES, INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Plac	e of Rusiness	Mailing Address		<u></u>	IT BRAIN BLOIR BLOIN BLOIN IZON
· ·					
1 1814 VICKSBURG WAY 1814 VICKSBURG WAY ORLANDO FL 32807 ORLANDO FL 32807					
0	. 05001	OTICATOO TE SEGOT		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				08/14/1990	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# 44.	26		59-3020194	Not Applicable
Suite, Apt.	Ħ, ϴIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & State			Fee Required
23 28		 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30	· _ · _ · _ · _ · _ · _ · _ · _ ·	Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered	
PLA	ATIN, MAGDALENA		81 Name		
1814 VICKSBURG WAY			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			Sileer Addi	ress (F.O. Box Number is Not Acceptable)	
			83		
			84 City		les 7:- Out
				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.		AND DIRECTORS	13.	ired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELE TE	1.1 TITLE	ADDITIONAL INTEREST OF THE LIST AND	Change Addition
NAME	PLATIN, MAGDALENA		1.2 NAME	, and the second se	
STREET ADDRESS	1814 VICKSBURG WAY	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PLANTIN, FERNANDO		2.2 NAME		
STREET ADDRESS	1814 VICKSBURG WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET e	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change 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.