

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000003020 (1)

1. Corporation Name
THE MANAGEMENT ALLIANCE, INC.



Principal Place of Business: 8581 W MCNAB RD TAMARAC FL
Mailing Address: 8581 W MCNAB RD TAMARAC FL

3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report
4. FEI Number 65-0561068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SCHIFF, LOUIS H
8142 N UNIVERSITY DR
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
81 Name: **WILLIAM WILLNER**
82 Street Address (P.O. Box Number is Not Acceptable): **8581 W. MCNAB ROAD**
83
84 City: **TAMARAC** FL 85 Zip Code: **33321**

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: WILLIAM WILLNER DATE: 1/19/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: WILLNER, MARSHALL N	DELETED: <input type="checkbox"/>
STREET ADDRESS: 8581 W MCNAB RD		
CITY-ST-ZIP: TAMARAC FL		
TITLE: D	NAME: WILLNER, ROCHELLE A	DELETED: <input type="checkbox"/>
STREET ADDRESS: 8581 W MCNAB RD		
CITY-ST-ZIP: TAMARAC FL		
TITLE: <input type="checkbox"/>	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE: <input type="checkbox"/>	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
3.2 NAME: BRIGETTE L. WILLNER	
3.3 STREET ADDRESS: 8581 W. MCNAB ROAD	
3.4 CITY-ST-ZIP: TAMARAC, FL 33321	
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 119.07(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 attachment with an address

SIGNATURE: Marshall N. Willner MARSHALL N. WILLNER DATE: 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)