

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

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001805 (5)
 1. Corporation Name
MANAGEMENT MONITOR SYSTEMS CORPORATION



Principal Place of Business 5295 N.E. 20TH AVENUE FORT LAUDERDALE FL 33308	Mailing Address 5295 N.E. 20TH AVENUE FORT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1997	
21		26		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOFGREN, TORBJORN G 5295 N.E. 20TH AVENUE FORT LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PANASENKO, VITALIY G	1.2 NAME	
STREET ADDRESS	ARKHIPOVA STREET 9/1	1.3 STREET ADDRESS	
CITY-ST-ZIP	R-MOSCOW, RUSSIA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROMANOV, VIKTOR Y PRINCE	2.2 NAME	
STREET ADDRESS	42 CLARENCE ROAD, ROCKSDALE NSW 2216	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTRALIA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOFGREN, TORBJORN	3.2 NAME	
STREET ADDRESS	5295 N.E. 20TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RONNING, ROLF K.K.	4.2 NAME	
STREET ADDRESS	HUSVIKVEIEN 159, N-3124	4.3 STREET ADDRESS	
CITY-ST-ZIP	TONSBERG, NORWAY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KARUKAKALAM, FELIX MATHEW	5.2 NAME	
STREET ADDRESS	83 HEITZ PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HICKSVILLE NY 11801	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ DATE: **8/17/98**

CR2E034 (10/97)