

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 636699

(1)

1. Corporation Name

M.R. MANAGEMENT CORP.

Principal Place of Business

17168 NEWPORT CLUB DRIVE
BOCA RATON FL 33496

Mailing Address

17168 NEWPORT CLUB DRIVE
BOCA RATON FL 33496



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/19/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1938145

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RICHTER, MICHAEL
17168 NEWPORT CLUB DR.
BOCA RATON FL 33496

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 607.0508, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Michael Richter, Registered Agent

Signature of Sandra B. Matheson, Secretary of State

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

DPS

☐ DELETE

NAME

RICHTER, MICHAEL

STREET ADDRESS

17168 NEWPORT CLUB DR.

CITY-ST-ZIP

BOCA RATON FL

2. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

☐ Change ☐ Addition

2. NAME

1. STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 including, or on an attachment with an address.

SIGNATURE:

MICHAEL RICHTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

Date

407 268 6622

Telephone/Facsimile

CR2E034 (12/95)