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

CORPORATION ANNUAL REPORT 1998



690777

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED May 01 1998 8:00am Secretary of State

MIFO MANAGEMENT INFORMATION, INC. Principal Place of Business Mailing Address THE BARNETT CENTER 4501 TAMAMI TRAIL NORTH. #300 THE BARNETT CENTER 4501 TAMIAMI TRAIL NORTH. #300 DO NOT WRITE IN THIS SPACE NAPLES FL 22040-0000 NAPLES FL 89940-0000 34103-3060 3. Date Incorporated or Qualified 34101-2060 97 06/18/1981 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 59-2167801 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCMACKIN, F JOSEPH III THE BARNETT CENTER 62 Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH, #300 63 NAPLES FL 33940-0000-City Zip Code 34103 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE 1.1 TITLE Change Addition TITLE NAME KIRSCHBAUM, LIS I 1.2 NAME STREET ADDRESS **SEESTR 25 D-82418** 1.3 STREET ADDRESS SEEHAUSEN, W GERMANOOOOO CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME KIRSCHBAUM, JOHN A DR 22 NAME SEESTR 25 D-82418 STREET ADDRESS 2.3 STREET ADDRESS SEEHAUSEN, W GERMAN00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE B 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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.