

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90021 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 690777**

1. Corporation Name  
**MIFO MANAGEMENT INFORMATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**THE BARNETT CENTER**  
**4501 TAMIAMI TRAIL NORTH. #300**  
**NAPLES FL 34103-3060**  
**US**

Mailing Address  
**THE BARNETT CENTER**  
**4501 TAMIAMI TRAIL NORTH. #300**  
**NAPLES FL 34103-3060**  
**US**

3. Date Incorporated or Qualified  
**06/18/1981**

2. Principal Place of Business  
**21 4501 TAMIAMI TRAIL N.**

2a. Mailing Address  
**26 C/O QUARLES & BRADY LLP**

4. FEI Number  
**59-2167801**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 SUITE 300**

Suite, Apt. #, etc.  
**27 4501 TAMIAMI TR. N. #300**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 NAPLES, FL**

City & State  
**28 NAPLES, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 34103 25 US**

Zip Country  
**29 34103 30 US**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMACKIN, F JOSEPH III**  
**THE BARNETT CENTER**  
**4501 TAMIAMI TRAIL NORTH, #300**  
**NAPLES FL 34103**

**81 Name MCMACKIN, F. JOSEPH III**

**82 Street Address (P.O. Box Number is Not Acceptable) C/O QUARLES & BRADY LLP**

**83 4501 TAMIAMI TRAIL N., SUITE 300**

**84 City NAPLES FL 85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VS	<input type="checkbox"/> DELETE
NAME	KIRSCHBAUM, LIS I	
STREET ADDRESS	SEESTR 25 D-82418	
CITY-ST-ZIP	SEEHAUSEN, W GERMAN00000	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KIRSCHBAUM, JOHN A DR	
STREET ADDRESS	SEESTR 25 D-82418	
CITY-ST-ZIP	SEEHAUSEN,-W GERMAN00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: John Kirschbaum (John Kirschbaum) 4/12/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)